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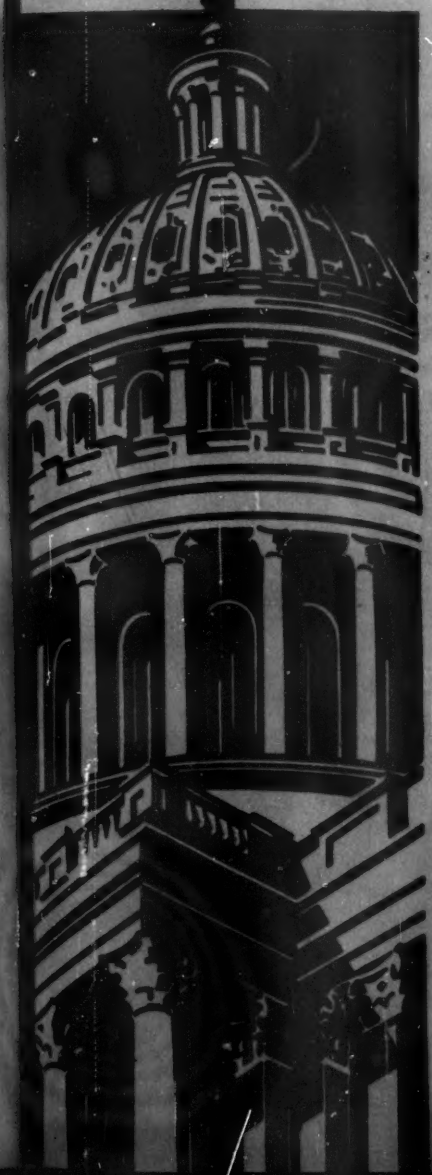

August-September, 1935

## Should America Adopt a System of Socialized Medicine?

Present Medical and Public Health Activities of the U. S. Government

Affects of New Social Security Act

"Health Insurance" Systems Abroad

Would State Medicine Suit America?

Thorough Pro and Con Discussion by Doctors, Social Workers, Students

Congress Finally Adjourns—Net Results

WASHINGTON, D.C.

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# THE CONGRESSIONAL DIGEST

The Pro and Con Monthly

Not an Official Organ, Not Controlled by Nor Under the Influence of Any Party, Interest, Class or Sect

N. T. N. ROBINSON
Editor and Publisher

A. GRAM ROBINSON
Founder

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The
CONGRESSIONAL
DIGEST

August-Sept. 1935

Volume 14
Numbers 8-9

# Congress Finally Adjourns—

## Major Results of Session

by N. T. N. Robinson

WHAT supporters of the Roosevelt Administration call a session of "memorable achievement," and what opponents of the New Deal call a session of "ill-advised and extravagant legislation" came to an end at midnight on August 26, with Senator Huey P. Long of Louisiana conducting a successful one-man filibuster against the President's program.

Sitting for a little less than eight months, the first session of the Seventy-fourth Congress appropriated, by a rough estimate, about $10,000,000,000.

In press statements published on August 27, Senator Joseph T. Robinson, of Arkansas, the Democratic leader in the Senate, and Senator L. J. Dickinson of Iowa, prominent Republican, expressed the party views.

### *The Democratic View of the Session*

Senator Robinson said:

"The achievements of this session of Congress will be memorable. Practically every problem that touches human interest has been made easier of solution by the legislation enacted.

"As a coordinate branch of the Government cooperating with the executive and judicial branches, I think it can be truly said that the Congress has done its part to carry on through a grave crisis. Legislation enacted in the Seventy-third Congress and reinforced by the legislation of this session, was enacted with the expectancy that it would help every phase of human and industrial endeavor.

"Salient features of legislation are the appropriation of $4,880,000,000 for work relief; purposely proposed to substitute for the dole. If the people whole-heartedly cooperate with the Government in this great enterprise, we should hear the increased hum of industry."

### *The Republican View*

Senator Dickinson said:

"The first session of the Seventy-fourth Congress will be remembered for ill-advised legislation, extravagant appropriation and $4,880,000,000 for work-relief waste.

"No Congress in American history has made such a record. This record has been made under the direction of President Roosevelt. Congress has initiated nothing. The President has directed everything.

"Whatever responsibility there is must rest with him and with a Congress that has surrendered to his wishes. To me it has been almost pathetic that so many Representatives and so many Senators would surrender their individuality and cooperate in a coercive program such as has been put through.

"The $4,880,000,000 was put through for work relief. To date nobody has been put to work and relief rolls have not been materially decreased."

Those observers who are trying to be impartial and who are endeavoring to form an accurate estimate of the results of the session and of its political consequences have come to a few tentative conclusions. Among these are:

### *The President's Program*

1. President Roosevelt put through most of his program, but toward the end he had to fight hard for every inch and exert all the pressure he was capable of. The first big item on his program, the $4,880,000,000 appropriation for work relief, was enacted promptly by a big majority in both the House and the Senate, but after that the pathway of the program was rougher.

### *The Supreme Court's NRA Decision*

2. Toward the close of the session opposition to the Administration increased rapidly, due chiefly to two factors: (a) the unanimous decision of the Supreme Court declaring the National Industrial Recovery Act unconstitutional and (b) the President's insistence upon the passage of the "soak the rich" tax bill.

The decision of the Supreme Court was to the effect that, in passing the Industrial Recovery Act Congress had delegated to the President powers which Congress alone had the right and duty to exercise.

This made Congress wary and caused it, in the case of several of the measures on the President's program, to specify exactly what the Executive branch of the Government could or could not do.

It is true, that in the instance of the labor disputes bill, while many men in Congress had a sincere conviction that it would prove unconstitutional, a majority yielded to the request of the President that even if they had doubts as to the constitutionality of important Administration measures, they should pass them anyhow and let the courts decide. But in the majority of cases members of the Senate and House took as few chances as possible when it came to shaping the Administration bills.

### *The "Soak the Rich" Tax Bill*

The political-minded are still discussing the probable political effect of the President's tax bill. The vast majority look upon it as a punitive measure, designed by the President to strike back at "big business" in retaliation for its opposition to the utilities control bill, and, consequently as a move that will react against the President.

In another way the tax bill was annoying to members of Congress. Senators Joe Robinson and Pat Harrison had brought the word to the Senate early in January that there would be no tax bill. They said the President had told them so. This was good news, because politicians hate to be responsible for tax bills. Consequently the President's demand for one came as a complete surprise and caught the Democratic leaders of both Houses flat-footed.

### *Public Reaction Feared by Democrats*

Even Mr. Morgenthau, Secretary of the Treasury, told the House Committee on Ways and Means that he knew nothing about it and had no recommendations to make as to specific items for the tax schedules. So Congress had to do the job, and, without having much time to pave the way with the public.

What worried many of the Democrats was the feeling that a large section of the public would resent what they would consider a use by the President of his office for punitive purposes and the feeling that while the tax bill was aimed at big corporations it would actually hit every small owner of stocks in the country.

3. From now on the future of the New Deal depends upon performance and results.

The President has received from Congress practically all the power and money he is going to get to put his program into effect. It is now encumbent upon the Administration to prove that the application of his theories is actually bearing fruit. Congress is apt to be chary in next year's session about making big appropriations for New Deal projects unless these projects are proving successful and popular.

### *A Shift in Sentiment*

4. Reliable reports coming in from the country to Republicans and Democrats alike have convinced even the most sanguine of the New Dealers that there has been a tremendous shift in public sentiment during the past three months.

Various reasons are given for this shift. In the industrial east it is based mainly on the charge that unemployment has not been appreciably relieved and that the tax bill and the utilities bill will serve to retard business recovery rather than stimulate it. A phase of this is the labor situation.

### *Middle Western Views*

This same reason is assigned for reported disaffection among business men in the Middle West.

Concerning the sentiment among Middle Western farmers there is doubt. In some sections the AAA meets with the hearty approval of farmers and in other sections the farmers are beginning to figure that, while they are glad to get the Government checks for keeping down production, the rising cost of what they have to buy and what they expect to have to pay in increased taxes may offset the advantages of the Government bonus.

Another thing that is bothering the farmers in most sections and causing deep resentment in others is the inability to get workers to help them get in their crops. They attribute this to the preference of many former farm workers to stay on relief. It was this feeling that caused the abolition of relief in several states in the Middle West.

### *On the Pacific Coast*

Along the Pacific Coast business men and the public generally are resentful of what they charge is too strong support by the Department of Labor of the strikers in the lumber camps and lumber mills by putting the strikers on relief as soon as they walked out, and pressure by the Department of Labor on non-union workers to make them join unions.

In the South there is worry over the final outcome of the Bankhead Cotton Control Act. Opinion is evently divided over this, however, and those supporting the Bankhead plan are keeping the price of cotton pegged at 12 cents a pound.

### *The South and Cotton*

Those opposing this declare that 12 cents is too high and that if American cotton is held there other countries will soon be geared to produce cotton at a lower figure and take away the American market. They cite the case of Brazil as a shining example and call attention to the fact that Texas and Oklahoma cotton growers are already moving to Brazil.

Administration strategists reply to these observations with the statement that there comes a time in any Administration when its popularity sags down. They predict that by the time another year rolls around the President will have regained his popularity and that the vast majority of American voters will be convinced that the best thing for the country will be the reelection of Mr. Roosevelt.

### *Guessing the 1936 Republican Nominee*

At the present time the political prophets are having a great deal of fun trying to guess the 1936 Republican nominee. Incidentally the wise ones do nothing but guess, because they know quite well that nothing but guessing is in order this far in advance.

Since he broke his silence and began talking with some freedom, former President Hoover has been watched like a cat by Republicans and Democrats alike. Everybody

has been trying to find out whether he is seeking a renomination. All the Democratic guns have been trained on him. Some think he is out for the nomination. Others think he simply wants to name the candidate.

### *Puzzled by Ex-President Hoover*

Some want him to declare himself on that score at once, so as to remove all doubts. Hoover's intimate friends grin and call this "wishful thinking."

The best estimate of what Mr. Hoover is doing, according to some of his friends, is this:

He is going along hitting the Administration whenever he feels he has a good opportunity. As to his personal wishes, he is keeping silent and will probably keep silent until the last minute.

### *Hoover and Lodge in 1920*

On this point his friends recall what happened to him in 1920. Fresh from his relief work in Europe, he had a strong independent following. But nobody knew whether he was a Republican or a Democrat. The late Senator Henry Cabot Lodge prevailed upon him in the spring of 1920 to declare himself a Republican so he would receive serious consideration by the Republican National Convention. Hoover declared himself a Republican. Whereupon the Old Guard Republican leaders, knowing he had lost his chance of being nominated by the Democrats, sidetracked him.

His friends doubt that he wants the nomination in 1936. In fact, they feel the convention would have to nominate him by acclamation for him to take it. But in the meantime, he is not going to weaken his influence by committing himself. As long as he is silent as to the nomination he will draw most of the Roosevelt fire.

Many Republicans feel that the country is coming around to a sound view of what Hoover was trying to accomplish and that within another year he will wield a powerful influence.

### *Some "Favorite Sons" Come Forward*

In the meantime the various "favorite sons" are coming up for consideration. Col. Frank Knox of Chicago; Governor A. M. Landon of Kansas; Senator William E. Borah of Idaho; Senator L. M. Dickinson of Iowa; Senator Arthur H. Vandenberg of Michigan, and Senator Frederick Steiwer of Oregon are among the names being discussed in Washington.

The prevailing impression at this time is that the Republican nomination will go to the West and that the man selected will be one who will not be objectionable to either the conservatives or the progressives of the party.

Interest in the 1936 campaign is already acute and from now on various moves and countermoves on the national political checkerboard may be expected.

## *A Brief Record of the Major Acts of the First Session of the Seventy-fourth Congress*

Appropriations—Appropriated approximately $10,000,000,000, of which $2,000,000,000 represented continuing appropriations previously authorized.

The Third Deficiency Appropriation bill failed of passage in the closing hours of the session as the result of a filibuster by Senator Huey P. Long of Louisiana. This bill carried a total of $100,000,000, including the following major items:

Social security, $76,000,000.
Soil conservation, $13,000,000.
AAA potato control, $5,000,000.
Utility bill—$1,125,000 for the Power Commission and $765,000 for the Securities Commission.
Neutrality resolution, $25,000.
Railroad retirement, $600,000.
Civil Service, for examination of new postal employes under 40-hour-week law, $500,000.
Alcohol Control Administration, $300,000.
Senate investigations, $100,000.
Guffey coal bill, $200,000
Bus and truck regulation, $1,250,000.
Labor disputes board, $200,000.
District of Columbia security act, $125,000.
Sea food inquiry, Pure Food Administration, $600,000.
Steamboat inspection service, $50,000.
Penal institutions, $1,000,000.
World Power Conference, $75,000.
Administration of the Bankhead cotton act, unlimited funds.
Tobacco market grading, $200,000.

After the adjournment of Congress the President arranged to use funds from other sources to carry on the preliminary work of some of the agencies affected by the Long filibuster, but it was expected that much work would be delayed until Congress meets in January, 1936.

*Agriculture*—Amended the Agriculture Adjustment Act to bring it into line with the Supreme Court decision.

*Banking*—Passed an Act giving to the Federal Reserve Board greater power over the Federal Reserve System.

*Coal*—Passed the Guffey-Snyder bill creating a "little NRA" for the coal industry.

*Labor*—Passed the Wagner Labor Disputes bill creating a National Labor Relations Board and reenacting the collective bargaining features of "Section 7-a" of the National Industrial Recovery Act.

*Public Utilities*—Passed the Wheeler-Rayburn public utilities bill for drastic control of holding companies and increasing the powers of the Tennessee Valley Authority.

*Railroads*—Reenacted law for retirement system for railway workers.

*Social Security*—Passed the Administration bill establishing a Federal Security Board and providing for unemployment insurance, old-age pensions and financial aid for mothers and crippled and dependent children.

*Taxes*—Passed bill increasing surtaxes on incomes in excess of $50,000, establishing a graduated corporation tax and increased larger estates. Estimated revenue, $250,000,000 a year.

*Veterans*—Passed soldier bonus bill but failed to repass it over Presidential veto.

*War Neutrality*—Passed a resolution of neutrality in the event of a war between foreign nations and placed a 6-months' embargo on the shipment of arms. Designed to prevent American intervention in the Italo-Ethiopean crisis.

*World Court*—Defeated a resolution for American adherence in the Court of International Justice.

★ THE PRO AND CON FEATURE ★

# Should a System of Complete Medical Service be Available to All Citizens at Public Expense?

**The Annual Debate Subject for 1935-1936 Selected by the Committee on Interstate Cooperation of the National University Extension Association**

## A Preliminary Examination of the Question

WHEN the National University Extension Association and the National Forensic League, in the spring of 1935, chose the debate topic for 1935-36, they focussed attention on a phase of the major political conflict of the day—namely, the question of how much care the citizen is entitled to receive from his Government.

### *The Social Security Bill*

At the time the topic was chosen hearings were being conducted by Congressional Committees on President Roosevelt's Social Security bill. In his message to the Congress on January 17, 1935, urging the passage of the bill, the President described the main objectives of the bill as seeking "the security of the men, women and children of the nation against certain hazards and vicissitudes of life." The bill provided for old-age pensions, unemployment insurance, Federal aid for maternity and infancy and for dependent and crippled children, and additional Federal aid to state and local public health agencies.

### *President Roosevelt on Health Insurance*

On the subject of health insurance, the President said: "I am not at this time recommending the adoption of so-called health insurance, although some groups representing the medical profession are cooperating with the Federal Government in the further study of the subject and definite progress is being made."

The study referred to was made under the direction of the Medical Advisory Board of the President's Committee on Economic Security. The report of the Board was given to the President but it has not been made public.

Provisions for maternity and infancy aid and aid to crippled children, as provided in the Social Security Act, is as far as Congress went toward medical aid legislation.

### *Bills Pending in Congress*

Three bills covering health insurance were introduced in Congress during the session just closed.

Senator Arthur Capper, Kansas, Republican, introduced, by request, S. 3253 for the creation of a health insurance system, with Federal aid to the states and contributions from the state, the employer and the employee. It was referred to the Senate Committee on Finance but received no consideration.

Representative H. P. Fulmer, South Carolina, Democrat, introduced H. R. 16, providing for Federal aid for crippled children through the Federal Board of Vocational Education. It was referred to the House Committee on Education, but no action was taken.

Representative M. A. Dunn, Pennsylvania, Democrat, introduced H. R. 5549, for workers' health insurance, which is the nearest approach to a suggestion for complete free medical service that has been put forward in Washington.

The Dunn bill provides for the establishment of a Federal health insurance system under the direction of the Secretary of Labor, covering all workers.

The provisions of the bill are summarized in Section 4, which reads:

"All moneys necessary to cover the cost of the health services guaranteed by this Act and the cost of establishing and maintaining the administration of this Act shall be paid by the Government of the United States. All such moneys are hereby appropriated, out of any funds in the Treasury of the United States not otherwise appropriated. Further taxation if necessary to provide funds for the purpose of this Act shall be levied on inheritances, gifts, individual, and corporation incomes of $5,000 per year and over. The benefits of this Act shall be extended to all workers, employed or unemployed, whether they be industrial, agricultural, domestic, office, or professional workers and to farmers without discrimination because of age, sex, race, color, citizenship, religious, or political opinion or affiliation."

No hearings were held on the bill nor has Representative Dunn made any effort toward pressing for its consideration.

### *Medical Aid in the States*

The President's Committee on Economic Security, when it began consideration of social security legislation, found that no state in the Union had anything approaching absolute free-medical service or even state health insurance.

In all states there are hospitals for the insane and, in most states there are free tuberculosis hospitals. Most counties and cities of any size have free medical service, in varying degrees, for those unable to pay for it, or have arrangements with religious, fraternal or philanthropic

hospitals and clinics to give free treatment to the indigent.

There are various forms of industrial health insurance systems in operation and various forms of group health insurance, but all these are matters between employer and employees or regular insurance plans. In these systems the employee or beneficiary contributes to the cost.

### *Two Schools of Thought*

Nevertheless, the movement of the Roosevelt Administration for the enactment of social insurance legislation served to arouse hopes among those of one political school of thought, and alarm among those of another school and served to stimulate and increase discussion to the whole subject of socialization and paternalism.

No discussion or debate on the subject of free medical service, or state medicine or socialized medicine or whatever term is used, can proceed far without arriving at the stark question of how much a citizen has a right to expect from his Government and how much power the Government should have.

### *The "State" and the Citizen*

Under the old system of absolute monarchies, the king or emperor was "the state" and all other individuals were the subjects. The monarch made and unmade the laws; told the subjects what they could or could not have, and levied upon them such taxes as he felt were necessary to defray the costs of government. Peoples gradually worked themselves out of this system and set up republics or democracies, operating on the principle that there should be no government without the consent of the governed.

The espousal of this principle resulted in the American Revolution of 1776 and the final establishment of the American Republic whose Constitution provided for a representative form of government, with the powers of each branch and the terms of elected officials strictly prescribed and limited.

### *Russian, Italian and German Dictatorships*

Beginning with the Russian Revolution of 1917 another theory of government was launched. This was to the effect that the only right to control of a nation or state belongs to the proletariat or workers, as taught by the German-Jewish author Karl Marx.

Then came the Fascist control of Italy and the Nazi control of Germany.

While the Fascist and Nazi movements were both avowedly anti-communistic each followed the example of the Russian Communists in setting up a dictatorship. Both espouse the theory that the state is paramount to the individual.

### *Unlimited Free State Medicine Non-Existent*

Neither Fascist Italy nor Nazi Germany is as paternalistic as Soviet Russia, but in each a greater degree of governmental control and regulation of the citizen is practiced than in any republic or democracy.

Germany has the oldest compulsory state health insurance system of any of the nations. Italy has none. Russia's system more nearly approaches absolute state medicine than that of any other country.

But no country furnishes complete, free medical service to all its citizens regardless of class.

### *The Dictatorship vs. the Republican Theory*

Back of the dictatorship theory is the thought that one intelligent individual or a small, select group of intelligent individuals can operate a government in behalf of the citizenry better than can the citizenry, themselves, operating through a body of elected representatives.

The republican or democratic theory is based on the thought that dictatorships, however benevolent their aims, always end in oppression, and that, while republics and democracies, as human institutions, are always faulty, they nevertheless result in the greatest happiness to the greatest number. Thus, the claim of advocates of each type of government is that it promotes the welfare of the citizenry as a whole.

### *Opposing Views in America*

Both schools of thought are represented in America today. Those who advocate a steady advance toward greater aid on the part of the Government to the citizen look upon the Acts of Congress creating NRA, AAA, old-age pensions, unemployment insurance and maternity and infancy and crippled and dependent children aid as mere steps in the right direction.

The opposing school of thought characterizes abovementioned Acts are steps toward further paternalism, and argue that they are steps in the wrong direction in that, if carried to greater lengths, they will inevitably result in a gigantic bureaucracy, the support of which will call for oppressive tax burdens, the final outcome being that the citizens will lose instead of gain.

### *The NRA Decision and Taxes*

At the time that state medicine was chosen as the debate topic for the National University Extension League and the National Forensic League, the tide was running in favor of those who were urging greater socialization. Later the tide began to turn in the other direction.

One reason for this was the now famous decision of the Supreme Court of the United States, unanimously declaring the NRA unconstitutional.

The other reason was the development throughout the country of a tendency to count the costs. The average citizen began checking on the huge appropriations being made by Congress and how the money was to be raised to defray the cost of the various types. The unavoidable answer to his question was—taxation.

While the tide did not turn fast enough to stop the passage of the Social Security bill, it was flowing in sufficient force to indicate that any further legislation looking toward socialization will be more strongly opposed than it was in the first two years of the New Deal.

### *A Widely Discussed Issue*

The net result of all this is that the issue of socialization or paternalism in all its phases is being widely discussed throughout the country today and state medicine is distinctly a phase of this discussion.

Classes in government and politics using THE CONGRESSIONAL DIGEST Plan, may use as their bill for consideration the text of Section 4 of the Dunn bill, quoted above, substituting for "workers" the term "all citizens" and they will have a bill for absolute "state medicine."

# Medical and Public Health Activities of the U. S. Government

PRIOR to the passage of the Social Security Act, the activities of the Federal Government in the matter of public health fell into two distinct classifications—(1) free medical treatment for certain classes of persons employed in the Federal service and (2) general public health service.

### *Federal Medical and Public Health Agencies*

Four Government agencies were concerned with free medical attention to citizens engaged in the Government service—the War Department, the Navy Department, the Veterans' Administration and the Bureau of Public Health Service of the Treasury Department.

The general public health work was carried on by the Public Health Service. This covers sanitation, quarantine, etc., etc.

The work of these four agencies remains unchanged, but the Social Security Act adds a fifth agency to the list and extends Federal Government Medical aid to certain classes of citizens not engaged in the Government service.

### *The Social Security Bill*

The fifth agency is the Children's Bureau of the Department of Labor, which will administer the appropriations provided by the Social Security Act for maternity and infancy aid and aid to crippled children, including medical treatment.

None of the emergency relief funds set up under the New Deal have been set aside for free medical service. In allotting various sums to state relief agencies FERA has not specified any given amount be earmarked for that purpose.

Under the present set-up, free medical attention is given by the Federal Government to the following classes of citizens:

### *The War Department*

War Department—Officers, enlisted men and army nurses by the regular, established medical corps of the army. Officers, men and nurses receive this service as part of their contract with the Government when they accept a commission or enlist in the army. All medical work is under the direction of the Surgeon General who is head of the Bureau of Medicine and Surgery.

### *The Navy Department*

Navy Department—Officers and enlisted men of the Navy and officers and men of the Marine Corps and Navy nurses. Conditions the same as those in the Army with medical work under the direction of the Chief of the Bureau of Medicine and Surgery.

### *The Veterans' Administration*

Veterans' Administration—Free medical care and hospitalization for war veterans under certain conditions.

### *The Treasury Department*

Treasury Department—Free medical treatment by the Bureau of Public Health Service for the following classes of those employed in the Federal Service: (a) officers and enlisted men of the Coast Guard; (b) Federal employees injured or otherwise disabled as the result of official occupation, admitted to treatment upon recommendation of the United States Employees' Compensation Commission; (c) veterans, who are admitted to Marine Hospitals when residing in ports remote from Veterans' Hospitals, the Public Health Service being reimbursed by the Veterans' Bureau for their care; (d) lighthouse keepers; (e) seamen employed by the Mississippi River Commission; (f) officers and men operating vessels of the Coast and Geodetic Survey; and (g) officers and men operating the vessels of the Bureau of Fisheries.

### *Merchant Seamen and Lepers*

The extent to which the Federal Government gives free medical treatment to citizens not engaged in the Government service is as follows:

The Treasury Department—The Bureau of Public Health Service gives free treatment to American merchant seamen and to lepers.

### *Maternity, Infancy and Crippled Children*

Department of Labor—The Children's Bureau, pursuant to the provisions of the Social Security Act, supplies funds to state agencies to be used for medical care for maternity and infancy cases and to crippled children.

The general public health work of the Federal Government is done by the Treasury Department through the Bureau of Public Health Service.

The following articles on the Public Health Service and the Children's Bureau give a more detailed account of the scope of these two agencies.

## Origin and Development of the Public Health Service

WHEN the Fifth Congress, second session, enacted the law approved on July 16, 1798, by President John Adams, creating the marine hospitals and other medical relief stations for seamen from American merchant vessels, a sickness and accident insurance, of a sort, was established for a particular industry—the first of

its kind in the New World. The purpose and intent of the Congress was to relieve American vessels of a responsibility and expense which, by ancient maritime law and custom, otherwise rests with the ship. Finally, there was the provision, necessary then as now, to care for a class of sick and disabled, often remote from their homes, in places where they might otherwise constitute a community burden and a health hazard.

*Sailors' Contributions and Tonnage Taxes*

Between 1798 and 1884 the sailors themselves contributed, as the law required, at first 20 cents, and, after 1870, 40 cents per month. These contributions, or assessments, collected for 86 years by the customs officers aggregated $15,794,807.63, all of which was used to build the marine hospitals and maintain the medical services.

Since 1884 the sailor has been relieved of direct contributions for the maintenance of medical relief furnished by the Public Health Service, the expense of which was at that time shifted to the tonnage tax imposed by the act of June 26, 1884, upon American and foreign ships. Although this tonnage tax has, since 1906, been devoted to the general income of the Government instead of to the specific purpose for which it was originally designed, it still constitutes an important source of revenue.

*Functions of Service Extended*

In 1902 Congress passed an Act changing the name of the Marine Hospital Service to "The Public Health and Marine Hospital Service" and, in 1912, passed another Act making it "The Bureau of Public Health Service."

From time to time the functions of the Public Health Service have been increased, until now it comprises eight divisions, under the direction of a Surgeon General, who, in turn, is under the Secretary of the Treasury.

*Quarantine And Immigration Work*

The division of foreign and insular quarantine and immigration administers the quarantine laws of the United States concerned with the prevention of the introduction of human contagious or infectious diseases from foreign ports into the United States, together with the observation of the provisions of the Pan American Sanitary Code and the International Sanitary Convention of Paris, 1926, and supervises the medical examination of intending immigrants conducted at certain American consulates abroad and at ports of entry in the United States and its insular possessions.

The activities of the division of domestic quarantine include the following: (1) Plague suppressive measures; (2) activities for the eradication of trachoma; (3) enforcement of the interstate quarantine regulations; (4) cooperation with other Government departments in matters pertaining to public health engineering and sanitation; (5) the investigation of sanitary conditions of areas used for growing shellfish; (6) assisting State health departments in establishing and improving local health conditions; (7) the control of water supplies used for drinking and culinary purposes on interstate carriers; (8) studies and demonstrations in rural sanitation.

*Sanitation Aid And Education*

The division of sanitary reports and statistics collects and publishes information regarding the prevalence and geographic distribution of diseases dangerous to the public health in the United States and foreign countries. Court decisions, laws, regulations, and ordinances pertaining to the public health are compiled, digested, and published. The section on public health education cooperates with the State, local, and volunteer health agencies to extend health educational service throughout the United States.

*Marine and Other Hospital Service*

Through the division of marine hospitals and relief, hospital and out-patient treatment is given at 25 marine hospitals and 131 other relief stations to legal beneficiaries who are chiefly seamen from American merchant vessels, Coast Guard personnel, patients of the Veterans' Bureau, of the Employees' Compensation Commission, and immigrants. The National Leper Home is operated. Physical examinations are made for the Civil Service Commission and shipping commissioners.

Under the supervision of the Surgeon General, the division of personnel and accounts transacts bureau matters relating to personnel; convenes boards for the examination or discipline of medical officers and other personnel; supervises all bookkeeping and accounting in connection with bureau appropriations; and maintains and supervises property records.

*Cooperative Health Activities*

The division of venereal diseases was created by act of Congress in July, 1918, (1) to study and investigate the cause, treatment, and prevention of venereal "diseases; (2) to cooperate with State boards or departments of health for the prevention and control of such diseases within the States; and (3) to control and prevent the spread of these diseases in interstate traffic." Cooperative activities include educational, medical, and control measures.

*Mental Hygiene and Narcotics*

The division of mental hygiene (formerly the narcotics division—name changed by act of June 14, 1930) is charged with the responsibility of administering the two narcotic farms; conducting studies of the nature of drug addiction and the best methods of treatment and rehabilitation of addicts; making studies of the quantities of narcotic drugs necessary to supply the normal and emergency medicinal and scientific requirements of the United States; conducting studies of the causes, prevalence, and means for the prevention and treatment of mental and nervous diseases; and supervising and furnishing medical and psychiatric service in the Federal penal and correctional institutions under the control of the Department of Justice (act of May 13, 1930).

## Provisions of the New Social Security Act Affecting the Public Health Service

*Appropriation*

SEC. 601. For the purpose of assisting States, counties, health districts, and other political subdivisions of the States in establishing and maintaining adequate public health services, including the training of personnel for State and local health work, there is hereby authorized to be appropriated for each fiscal year, beginning with

the fiscal year ending June 30, 1936, the sum of $8,000,000 to be used as hereinafter provided.

*State and Local Public Health Services*

SEC. 602. (a) The Surgeon General of the Public Health Service, with the approval of the Secretary of the Treasury, shall, at the beginning of each fiscal year, allot to the States the total of (1) the amount appropriated for such year pursuant to section 601; and (2) the amounts of the allotments under this section for the preceding fiscal year remaining unpaid to the States at the end of such fiscal year. The amounts of such allotments shall be determined on the basis of (1) the population; (2) the special health problems; and (3) the financial needs; of the respective States. Upon making such allotments the Surgeon General of the Public Health Service shall certify the amounts to the Secretary of the Treasury.

(b) The amount of an allotment to any State under subsection (a) for any fiscal year remaining unpaid at the end of such fiscal year, shall be available for allotment to States under subsection (a) for the succeeding fiscal year, in addition to the amount appropriated for such year.

(c) Prior to the beginning of each quarter of the fiscal year, the Surgeon General of the Public Health Service shall, with the approval of the Secretary of the Treasury, determine in accordance with rules and regulations previously prescribed by such Surgeon General after consultation with a conference of the State and Territorial health authorities, the amount to be paid to each State for such quarter from the allotment to such State, and shall certify the amount so determined to the Secretary of the Treasury. Upon receipt of such certification, the Secretary of the Treasury shall, through the Division of Disbursement of the Treasury Department and prior to audit or settlement by the General Accounting Office, pay in accordance with such certification.

(d) The moneys so paid to any State shall be expended solely in carrying out the purposes specified in section 601, and in accordance with plans presented by the health authority of such State and approved by the Surgeon General of the Public Health Service.

*Investigations*

SEC. 603. (a) There is hereby authorized to be appropriated for each fiscal year, beginning with the fiscal year ending June 30, 1936, the sum of $2,000,000 for expenditure by the Public Health Service for investigation of disease and problems of sanitation (including the printing and binding of the findings of such investigations), and for the pay and allowances and traveling expenses of personnel of the Public Health Service, including commissioned officers, engaged in such investigations or detailed to cooperate with the health authorities of any State in carrying out the purposes specified in section 601: *Provided*, That no personnel of the Public Health Service shall be detailed to cooperate with the health authorities of any State except at the request of the proper authorities of such State.

(b) The personnel of the Public Health Service paid from any appropriation not made pursuant to subsection (a) may be detailed to assist in carrying out the purposes of this title. The appropriation from which they are paid shall be reimbursed from the appropriation made pursuant to subsection (a) to the extent of their salaries and allowances for services performed while so detailed.

## Activities of the Children's Bureau, U. S. Department of Labor

THE first step on the part of the Federal Government since the lapse, in 1929, of the Maternity and Infancy Act, toward free medical treatment for citizens is provided in those sections of the Social Security Bill which appropriates money for maternity and infancy aid and for aid to crippled children, to be administered by the Department of Labor through its Children's Bureau.

The Act of 1912 establishing the Children's Bureau provides that it shall investigate and report upon all matters pertaining to the welfare of children and child life among all classes of our people, and shall especially investigate the questions of infant mortality, the birth rate, orphanage, juvenile courts, desertion, dangerous occupations, accidents, and diseases of children, employment, and legislation affecting children in the several States and Territories. The bureau is also empowered to publish the results of these investigations in such manner and to such extent as may be prescribed by the Secretary of Labor.

Following the creation of the Children's Bureau, various womens' organizations began a campaign for Federal aid for maternity and infancy health and welfare work, which resulted in the passage of the Maternity and Infancy Act, approved by President Harding November 23, 1921. The Act was administered by the Children's Bureau.

The original Act was for a six year period ending June 30, 1927, but by an Act approved January 19, 1927, its life was extended for two years. Efforts to have it extended further failed and the Act lapsed on June 30, 1929. Opposition was so strong that subsequent moves to have it reenacted were defeated.

Many states either declined to accept its provisions or, having accepted them, failed to set up the necessary machinery.

With the passage of the Social Security Bill the essential features of the Maternity and Infancy Act are revived under the title "Grants to States for Maternal and Child Welfare" and the Children's Bureau is allotted $3,800,000 for the fiscal year ending June 30, 1936, to carry out the provisions of the Act.

For aid to crippled children, including medical care, the Children's Bureau is allotted $2,850,000.

## Provisions of the New Social Security Act Affecting the Children's Bureau

PART 1—MATERNAL AND CHILD HEALTH SERVICES

*Appropriation*

SEC. 501. For the purpose of enabling each State to extend and improve, as far as practicable under the conditions in such State, services for promoting the health

of mothers and children, especially in rural areas and in areas suffering from severe economic distress, there is hereby authorized to be appropriated for each fiscal year, beginning with the fiscal year ending June 30, 1936, the sum of $3,800,000. The sums made available under this section shall be used for making payments to States which have submitted, and had approved by the Chief of the Children's Bureau, State plans for such services.

*Allotments to States*

SEC. 502. (a) Out of the sums appropriated pursuant to section 501 for each fiscal year the Secretary of Labor shall allot to each State $20,000, and such part of $1,800,000 as he finds that the number of live births in such State bore to the total number of live births in the United States, in the latest calendar year for which the Bureau of the Census has available statistics.

(b) Out of the sums appropriated pursuant to section 501 for each fiscal year the Secretary of Labor shall allot to the State $980,000 (in addition to the allotments made under subsection (a), according to the financial need of each State for assistance in carrying out its State plan, as determined by him after taking into consideration the number of live births in such State.

(c) The amount of any allotment to a State under subsection (a) for any fiscal year remaining unpaid to such State at the end of such fiscal year shall be available for payment to such State under section 504 until the end of the second succeeding fiscal year. No payment to a State under section 504 shall be made out of its allotment for any fiscal year until its allotment for the preceding fiscal year has been exhausted or has ceased to be available.

*Approval of State Plans*

SEC. 503. (a) A State plan for maternal and child-health services must (1) provide for financial participation by the State; (2) provide for the administration of the plan by the State health agency or the supervision of the administration of the plan by the State health agency; (3) provide such methods of administration (other than those relating to selection, tenure of office, and compensation of personnel) as are necessary for the efficient operation of the plan; (4) provide that the State health agency will make such reports, in such form and containing such information, as the Secretary of Labor may from time to time require, and comply with such provisions as he may from time to time find necessary to assure the correctness and verification of such reports; (5) provide for the extension and improvement of local maternal and child-health services administered by local child-health units; (6) provide for cooperation with medical, nursing, and welfare groups and organizations; and (7) provide for the development of demonstration services in needy areas and among groups in special need.

(b) The Chief of the Children's Bureau shall approve any plan which fulfills the conditions specified in subsection (a) and shall thereupon notify the Secretary of Labor and the State health agency of his approval.

*Payment to States*

SEC. 504. (a) From the sums appropriated therefor and the allotments available under section 502 (a), the Secretary of the Treasury shall pay to each State which has an approved plan for maternal and child-health services, for each quarter, beginning with the quarter commencing July 1, 1935, an amount, which shall be used exclusively for carrying out the State plan, equal to one-half of the total sum expended during such quarter for carrying out such plan.

(b) The method of computing and paying such amounts shall be as follows:

(1) The Secretary of Labor shall, prior to the beginning of each quarter, estimate the amount to be paid to the State for such quarter under the provisions of subsection (a), such estimate to be based on (A) a report filed by the State containing its estimate of the total sum to be expended in such quarter in accordance with the provisions of such subsection and stating the amount appropriated or made available by the State and its political subdivisions for such expenditures in such quarter, and if such amount is less than one-half of the total sum of such estimated expenditures, the source or sources from which the difference is expected to be derived, and (B) such investigation as he may find necessary.

(2) The Secretary of Labor shall then certify the amount so estimated by him to the Secretary of the Treasury, reduced or increased, as the case may be, by any sum by which the Secretary of Labor finds that his estimate for any prior quarter was greater or less than the amount which should have been paid to the State for such quarter, except to the extent that such sum has been applied to make the amount certified for any prior quarter greater or less than the amount estimated by the Secretary of Labor for such prior quarter.

(3) The Secretary of the Treasury shall thereupon, through the Division of Disbursement of the Treasury Department and prior to audit or settlement by the General Accounting Office, pay to the State, at the time or times fixed by the Secretary of Labor, the amount so certified.

(c) The Secretary of Labor shall from time to time certify to the Secretary of the Treasury the amounts to be paid to the States from the allotments available under section 502 (b), and the Secretary of the Treasury shall, through the Division of Disbursement of the Treasury Department and prior to audit or settlement by the General Accounting Office, make payments of such amounts from such allotments at the time or times specified by the Secretary of Labor.

*Operation of State Plans*

SEC. 505. In the case of any State plan for maternal and child-health services which has been approved by the Chief of the Children's Bureau, if the Secretary of Labor, after reasonable notice and opportunity for hearing to the State agency administering or supervising the administration of such plan, finds that in the administration of the plan there is a failure to comply substantially with any provision required by section 503 to be included in the plan, he shall notify such State agency that further payments will not be made to the State until he is satisfied that there is no longer any such failure to comply. Until he is so satisfied he shall make no further certification to the Secretary of the Treasury with respect to such State.

PART 2—SERVICES FOR CRIPPLED CHILDREN

*Appropriation*

SEC. 511. For the purpose of enabling each State to extend and improve (especially in rural areas and in areas suffering from severe economic distress), as far as

practicable under the conditions in such State, services for locating crippled children, and for providing medical, surgical, corrective, and other services and care, and facilities for diagnosis, hospitalization, and aftercare, for children who are crippled or who are suffering from conditions which lead to crippling, there is hereby authorized to be appropriated for each fiscal year, beginning with the fiscal year ending June 30, 1936, the sum of $2,850,000. The sums made available under this section shall be used for making payments to States which have submitted, and had approved by the Chief of the Children's Bureau, State plans for such services.

*Allotments to States*

SEC. 512. (a) Out of the sums appropriated pursuant to section 511 for each fiscal year the Secretary of Labor shall allot to each State $20,000, and the remainder to the States according to the need of each State as determined by him after taking into consideration the number of crippled children in such State in need of the services referred to in section 511 and the cost of furnishing such services to them.

(b) The amount of any allotment to a State under subsection (a) for any fiscal year remaining unpaid to such State at the end of such fiscal year shall be available for payment to such State under section 514 until the end of the second succeeding fiscal year. No payment to a State under section 514 shall be made out of its allotment for any fiscal year until its allotment for the preceding fiscal year has been exhausted or has ceased to be available.

*Approval of State Plans*

SEC. 513. (a) A State plan for services for crippled children must (1) provide for financial participation by the State; (2) provide for the administration of the plan by a State agency or the supervision of the administration of the plan by a State agency; (3) provide such methods of administration (other than those relating to selection, tenure of office, and compensation of personnel) as are necessary for the efficient operation of the plan; (4) provide that the State agency will make such reports, in such form and containing such information, as the Secretary of Labor may from time to time require, and comply with such provisions as he may from time to time find necessary to assure the correctness and verification of such reports; (5) provide for carrying out the purposes specified in section 511; and (6) provide for cooperation with medical, health, nursing, and welfare groups and organizations and with any agency in such State charged with administering State laws providing for vocational rehabilitation of physically handicapped children.

(b) The Chief of the Children's Bureau shall approve any plan which fulfills the conditions specified in subsection (a) and shall thereupon notify the Secretary of Labor and the State agency of his approval.

*Payment to States*

SEC. 514. (a) From the sums appropriated therefor and the allotments available under section 512, the Secretary of the Treasury shall pay to each State which has an approved plan for services for crippled children, for each quarter, beginning with the quarter commencing July 1, 1935, an amount, which shall be used exclusively for carrying out the State plan, equal to one-half of the total sum expended during such quarter for carrying out such plan.

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# Health Insurance Systems in Principal Foreign Countries

**Compiled From Monograph Three, Social Insurance Series, Metropolitan Life Insurance Company**

*Editor's Note: In no country does absolute free state medical care to all citizens exist. The nearest approach to it are the following compulsory health or sickness insurance systems in operation in various foreign countries.*

*Austria*—Laws enacted 1888; 1922; 1928. Compulsory, covers all wage earners, salaried employees, home workers, middlemen, agricultural workers and apprentices. Government employees whose pay continues during illness receive medical attention only. Pays cash benefits during illness on a sliding scale up to 80 per cent of worker's wage. Provides medical treatment for 26 weeks, extended to 52 weeks if contributions have been paid for 30 consecutive weeks. Includes maternity benefits and funeral benefits. Two-thirds of the contributions are paid by the insured worker: and one-third by the employer. The Government pays nothing. The Government supervises the operations of the system.

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*France*—Law enacted 1928. Covers all wage earners over 13 and under 60 years of age receiving less than $588 in the country and $705 in the city. Pays half basic wage for 6 months, provided contributions have been paid for 60 days of the three months or for 240 days in the year preceding illness. Expenditure for medical attention limited to half the basic wage of the preceding year. Cash and medical benefits increased to those having wives dependent children. Maternity aid included in insurance. Worker contributes 2 per cent of basic wage; employer contributes 2 per cent; Federal Government contributes a lump sum annually, its amount depending upon general tax collections, etc. Each commune pays 20 per cent of the cost of medical care for indigent insurance persons and their families. The funds are set up voluntarily by mutual aid societies, etc., regulated by the Federal Government.

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*Germany*—Laws enacted 1883; 1911. Covers all wage earners and salaried employees up to $858 a year. Excludes temporary, occasional and part-time workers, civil servants and salaried railway workers, for whom provision is otherwise made. Pays half basic daily wage for 6 months, subject to increase on account of length of incapacity or family responsibilities. Total payment may not exceed 75 per cent of basic wage. Provides all medical treatment for 26 weeks, which period may be extended according to circumstances. Maternity care provided. Funeral benefit provided. Worker pays two-thirds of contribution (half in some cases) which must not exceed a total of 6 per cent of basic wage, plus 12 cents fee for each

medical certificate and the actual cost, up to 12 cents, of each prescription during first ten days of incapacity. Employer pays one-third (sometimes half) of contribution and most of the administrative expenses. The Federal Government pays $12 for each case of family maternity benefit. In certain cases the community or local government makes up the difference when the contributions fail to furnish the minimum benefits. Several administrations under control of a central Federal committee.

*Great Britain*—Laws enacted 1911; 1924. Covers all paid workers between the ages of 16 and 65, under contract service real or implied, with an income limit of $1,217 for non-manual workers. Wife or husband of employer, children working without pay, persons paid when ill, temporary, occasional or part-time workers, sailors not domiciled in Great Britain, persons working for maintenance only, and those with an unearned income of more than $127 a year are excluded. Pays a weekly sick benefit of $3.65 for men, reduced by 1/5 for spinsters and 1/3 for married women for 26 weeks, with half-rate for invalids following illness, provided 104 weekly contributions have been paid. Provides general medical service; dental, optical and special treatment if fund has a surplus. Provides maternity care but no funeral benefit. Worker, man, pays 9 cents a week; woman, 8 cents a week. Employer pays 9 cents a week for each employee, male or female. National Government pays 1/7 of benefit for men and 1/5 of cost of benefit of women. Various special grants have been provided by Parliament from time to time, such as cost of prolonging insurance, in part, for unemployed persons whose right to benefit would otherwise have lapsed. Funds handled by various mutual societies, etc., under supervision of Government.

*Jugo-Slavia*—Law enacted 1922 (Serbian law of 1910). Covers all paid workers, irrespective of earnings. Public servants entitled to 26 weeks pay when ill. Agricultural and home workers excluded. Pays 2/3 of basic daily wage for 26 weeks. Medical treatment for 26 weeks provided. Dependents covered. Maternity benefit and funeral benefit. Worker pays half of contribution, not to exceed 7 per cent nor fall below 4 per cent of basic wage (average 6 per cent). Employer pays half of contribution and entire contribution for very low-paid employees or those whose remuneration is not paid in cash. Government contributes nothing. Operates by Central Workers' Insurance Institution under direction of Minister of Health.

*Norway*—Law enacted 1915. Covers all wage earners whose income is less than $1400 a year. Children working at home and sailors making voyages of more than 10 days are excluded. Payment ranges from 21 cents a day to $1.07 a day according to wages. No cash payments to persons earning less than $80 a year. Medical treatment provided for insured and dependents. Maternity aid, funeral benefit. Worker pays 6/10 of contribution to district funds and 2/6 to other funds. Employer pays 1/10 of contribution to district funds and 1/6 to other funds and entire contribution for workers earning less than $80 a year. Government pays 2/10 of district funds and 2/6 of other funds. Communes pay 1/10 of district funds and 1/6 of other funds. Administrative, local and district, under the supervision of the State Insurance Institution.

*Poland*—Laws enacted 1920; 1930. Covers all paid workers under contract of service. Persons who earn more than $840 a year may be exempt on request. Pays 60 per cent of basic daily wage for 26 or 39 weeks according as the fund has been operating for less or more than 3 years. Dependents covered. Provides medical treatment for 26 or 39 weeks. Maternity benefit. Funeral benefit. Worker pays 2/5 of contributions, which is normally 6½ per cent of basic wage. Employer pays 3/5 of contribution. Government pays half of cash maternity benefits. Entire cost of medical care of unemployed. Funds handled by various organizations under supervision of Government.

*Roumania*—Laws enacted 1912; 1923; 1932. All wage earners in industry and commerce irrespective of age or sex, with permissive extension to other wage earners and professional workers. Pays 35 per cent to 50 per cent of basic wage, according as insured is with or without dependents, for 26 weeks. Qualifying period of 6 weeks required. Provides medical treatment for 16 weeks. Dependents covered. Maternity and funeral benefits. Workers pay all contributions to fund, varying from .75 of a cent to 6 cents a week. Employer and Government pay nothing. Funds operated by craft guilds and mutual aid societies under supervision of Ministry of Labor, Cooperation and Social Insurances.

*Russia*—Decrees pronounced in 1911; 1922; 1931. Covers all workers, with preference given to certain classes. Persons who have lost their civil rights are excluded. These classes include former landlords, bourgeoisie, nobles, Tsarist officials and Tsarist army officers, merchants and independent farmers. Pays a proportion of wages depending upon various factors including the class of worker. Provides medical treatment as long as membership lasts. Admission to rest homes, camps, etc., limited to 3½ months, with precedence to trades unionists. Maternity aid, with qualifying periods graded as follows: "shock brigades" 4 months; other union workers, 8 months, non-union workers, 12 months. Funeral benefits. The worker pays no part of the cost, which is borne by the Government, and which depends on wages and the type of undertaking. A single contribution to a so-called Working Fund covers invalidity, unemployment and sickness benefits other than medical care. Only expenditure for medical care is kept separate. Contributions may be raised or lowered not more than 25% according to health conditions in an undertaking. State pays only in the capacity of employer. The insurance institutions generally must grant special subsidies to funds in the heavy industries (coal mining, metal, chemical, engineering) and transport. These funds are further subsidized by the trade unions. All administration is supervised by the Government.

# Would a System of Socialized Medicine be Practical for America?

**PRO** — **Affirmative**

by
Joseph Slavit, M. D.
Chairman, Medical League for Socialized Medicine

★ *Dr. Slavit, after reviewing various existing medical aid systems, concludes that the complete socialization of medicine is the only way out.*

REORGANIZATION of medical care, practice and remuneration is essential, if the American people are to be assured of proper health care and the American doctors a decent living and unhampered professional activity. True, there are those, especially of the profession, who do not see any problem or any need for change. All is well with the world, so far as these are concerned. But the vast majority of doctors not merely sense the situation, but actually "feel" it. They realize too well that something is wrong somewhere. But a failure to understand the conditions or their causes, a nameless fear of "something worse," the outright inertia of most physicians, and sometimes the downright self-interest of some of them, are the reasons for medical reactionism and the main motives of medical opposition to change.

Yet all is not quiet on the medical front. Everywhere local medical organizations are rising out of the ranks of the profession, insisting on a serious study of the medico-economic malady. County and state medical societies are becoming restive in their traces, the American College of Surgeons and the American Medical Association have come to grips in a war of the gods. Smug satisfaction with the status quo and ostrich opposition to change that is socially and professionally necessary, have not helped medical matters one iota. Nor have the "demands" which are being made by the restless profession. Stricter control and investigation of clinic attendances, pay for clinic work and for service to indigents, and a host of similar remedies are urged. Few of these have materialized or have materially changed conditions for the profession as a whole. Indeed, the history of the efforts to reform the "dispensary evil" and "medical charity" is one of almost unbroken dismal failure.

The real question is not whether medical reorganization is necessary but what is the best form of reorganization to be aimed for and to be achieved? Four different kinds of plans have been proposed to solve our problem. All have been tried out in actual practice for some time somewhere or other. They are not mere theories or experiments: they are experience accomplished and their story is an open book. Group medicine is the plan proposed in the report of the Committee on the Costs of Medical Care. Voluntary health insurance is the basis of proposals like those of the American College of Surgeons, the Michigan State Medical Society, and others. Both plans have been in operation in various parts of the world, including this country, in various forms and with varying degrees of success or failure. Compulsory health insurance advocated for America by some organizations and political groups has been tried in many countries with considerable partial success. A program for the socialization of medicine is advocated by The Medical League for Socialized Medicine. The "ten principles" of the American Medical Association, adopted at Cleveland in June, are merely a statement of the philosophy and policy of the status quo, which has been discussed before.

As I see these various proposals group medicine is a plan under which doctors voluntarily band together either alone or in association with some medical institution, to render service on an income basis. In voluntary insurance, groups of people band together, with or without an insurance carrier or company, to secure medical services on an economy basis. One is essentially the medical angle, the other the public angle. Both schemes are voluntary and necessarily limited to those groups, lay or professional, who wish and can afford to be included. They are unstable, depending upon voluntary association and a profit balance; they have no social guarantee or state compulsion back of them, and only a self-imposed scientific supervision over them. They are no solution for the public and less so for the doctors. The medical struggle for existence is merely transferred from the individual to the group. Moreover, in the history of voluntary insurance everywhere there has been a strong trend toward development of compulsory insurance.

Compulsory health insurance has been in operation in many countries for many years on a national scale. The state always enters into it either in sponsoring, enforcing, supervising or subsidizing the system. Usually a contributory fund is its financial backbone, to which the employe, employer, or the state, or all three, "contribute." The doctors are employed on a private contract basis or a semi-public panel arrangement. Between the doctors and the insured there may or may not be an intermediary —a profit-making insurance carrier or an economy-seeking membership organization of insured. The sole virtue of compulsory insurance is its mandatory feature. Its basic weaknesses are the contributory and the professional phases.

The fund would seem a purely fiscal matter and of no concern to the medico. Yet it has important medical aspects. The usual association of sickness cash benefits with the medical care has proved serious. But still more serious is the limitation of medical care to the "insured" only,

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# Would a System of Socialized Medicine be Practical for America?

## Negative

## CON

★ *Stating that the Constitution protects American citizens from "medical slavery," Mr. Anderson opposes any type of compulsory medical service.*

by

H. B. Anderson,

Secretary, Citizens' Medical Reference Bureau, Inc.

THE fact that the Constitution of the United States contains a great many provisions to protect the rights of the people is of great importance as a protection against medical encroachments on the rights of the people. The United States Constitution is above Congress, the courts and the President. It is the fundamental law which fixes and determines the form of government that exists under it; defines and limits the powers of that government and directs its executive, legislative, and judicial maintenance and action. The government and all its branches deriving power and authority solely from the Constitution, can only do what that Constitution gives authority to do as provided in Article IX and X as follows:

"The enumeration in the Constitution of certain rights, shall not be construed to deny or disparage others retained by the people.

"The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people."

One of the purposes of the Constitution as specified in the preamble is to "secure the blessings of liberty to ourselves and our posterity." The first amendment to the Constitution is the culmination of the struggle for religious freedom in this country. It says:

"Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise therof, or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the government for a redress of grievances."

The fourth amendment is a protection against the entrance of the home and unreasonable searches and seizures. It reads:

"The right of the people to be secure in their persons, houses, papers and effects, against unreasonable searches and seizures, shall not be violated, and no warrants shall issue, but upon probable cause, supported by oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized."

Amendment No. 5 specifies that no person shall be "deprived of life, liberty or property, without due process of law." Section 1, Amendment No. 13, is a protection against medical slavery as well as any other form of involuntary servitude. It says:

"Neither slavery nor involuntary servitude, except as a punishment for crime, whereof the party shall have been duly convicted, shall exist within the United States or any place subject to their jurisdiction."

The subject of medical legislation is no longer a subject of interest to only a few people. Medical inspectors have invaded the public schools with lectures on disease germs, compulsory vaccination where possible, constant examinations of the throat, heart and lungs, and demands for the removal of the tonsils and other alleged defects when in many cases at least there was no justification for such removal. They are asking for compulsory medical examinations of adults in many cases and are making it difficult to obtain employment without their permission. They are isolating people under the theory that they are "disease carriers," or subject to tuberculosis. The measures which are being advocated under the pretense of protecting the public health reach into all the relations of human life. The liberty of all the people in this and future generations is thereby jeopardized.

The Constitution of the United States is a protection against medical slavery, but the people must insist upon this protection if they are to maintain it. There has never been a time in the history of the United States when it was more important to keep in mind the words "eternal vigilance is the price of liberty" than now and a duty rests upon all American citizens to see that medical freedom is established and maintained.

The Citizens' Medical Reference Bureau advocates no form of treatment in private practice and opposes no form of treatment in private practice. What we oppose is compulsory medication and the use of public funds for medical propaganda and on the strength of this propaganda seeking to make medical treatment compulsory.

Whenever measures are proposed to require medical treatment of some kind; like compulsory vaccination, an attempt is made to make it appear that such forms of treatment are harmless and a sure preventive. It is well known that there is overwhelming information in medical literature showing that these forms of treatment are not harmless and a sure protection.

The maternity and infancy act was strongly opposed 15 years ago, tried out, and abandoned. The Act created much discussion. It will be remembered that in 1927 the Senate was willing to extend the act 2 years, but wanted it definitely understood that at the end of that 2 years the act was to terminate, and they added that section definitely terminating the act in 1929.

*Con continued on page 207*

## Slavit, *Cont'd*

to the "contributors," to "employes," or to "income levels." What about those who are not qualified for insurance? Or those who cannot contribute because of too low wages (such as the part-time employe), or because of no income at all (such as the twelve million unemployed, the sixteen million and more persons on relief)? Are these to seek "medical charity" as before, or will the state provide separately for them? What of the so-called self-employed, the six million farmers, the millions of artisans, small shopkeepers, professionals, even the doctors themselves, and the dependents of these classes? Are they not entitled to adequate medical care, especially in view of their deplorable incomes? Germs and disease are no respector of contributions or class distinctions, of conditions of employment or size of incomes. No such considerations or limitations affect our public education system or our fire protection or any other public service. Why must they hamper the medical care of our people?

The other weakness of proposed forms of health insurance is in its professional aspect. The primary purpose of health insurance *per se* is to spread the cost of medical service over large numbers: the professions that render this service are a secondary consideration. The competitive system of medicine is left undisturbed; fees remain on a per service or per capita basis to plague both practice and practitioners. The dubious dictum of "free choice" of a physician is accepted uncritically or is reincarnated in the plan "voluntary" panel, giving choice among the physicians who wish so to be listed, though the trend of modern medicine is definitely away from this concept and towards development of service through clinic and hospital. The economic and professional status of the profession, the adequacy and security of livelihood of the doctors, the basic breakdown of medical practice, are no concern of the system. Cooperative compulsory insurance is all very well for the people; but competitive and voluntary insecurity remains the lot of the medical servants of the people. No real and fundamental reorganization of medicine itself is intended. The health-insurance advocates are insisting loudly that their proposals do not contemplate public medicine, or state medicine, or socialized medicine. They do not seem to realize sufficiently that the profession cannot be left out of the calculation and that health insurance is no stronger than its weakest link.

Real health insurance is to be found only in socialized medicine, which combines the best features of present-day medicine, group medicine and public health. The plan of The Medical League for Socialized Medicine (see below) meets the basic conditions and needs of medical care and practice and eradicates their fundamental evils. It provides medical care for all, without fees or premiums, and free of the stigma of medical charity, of the cold-cash ideology of actuarial insurance, and of the blighting economic obstacles and influences that enter the patient-physician relationship. It urges equitable taxation instead of a new costly and cumbersome machinery for levying and collecting contributions. It disregards class, income or other limitations that exclude any who may need medical care. Burdensome overhead and duplication of private offices and equipment are eliminated, and professional income and work are assured on a salaried public-official basis. Planned cooperative scientific practice and medical care replace the chaos, competition and even commercialism that undermine medicine today.

Nothing is ever settled unless it is settled right. The medical problem is no exception. The solution—the cure—must be permanent, universal, direct and adequate. All factors and all parties concerned must be properly considered. Why make the mistakes of trial—and—error experiment when we have at hand a vast experience by which to profit? Why not have health care for all the people? Why not experiment with the best socialized medicine?

The program of the medical league for socialized medicine as adopted October 10, 1933, is as follows:

1. Adequate medical care of the sick and injured as a social function, right and duty, and not as a private or public charity. Curative as well as preventive means, measures, and agencies to be included.

2. A socialized system of medical care in health, illness and injury, free of fees:

(a) Under the auspices and with the subsidy of the state.

(b) Financed by taxation, similar to the public educational system or other governmental functions.

(c) Operated and regulated by the organized medical and allied professions, the medical and dental colleges and the officials of existing public-health agencies.

(d) This system to include all dental, pharmaceutical, nursing and allied services and personnel.

3. All hospitals, clinics, laboratories, pharmacies, and so on, to be publicly owned and operated institutions, accessible to the sick free of charge. The hospitals and clinics to be the medical centers for ward and ambulatory cases, and to be properly organized, coordinated and geographically distributed. House sick-calls to be received at these centers and to be assigned to local or neighborhood physicians designated to cover specific local territories.

4. All equipment, supplies, laboratory and other facilities of a medical, surgical, dental, pharmaceutical, nursing or other nature, to be furnished free by the state.

5. All medical, dental, pharmaceutical, nursing and allied education to the furnished free by the state.

6. All duly licensed or registered doctors, dentists, druggists, nurses, and so on, to be legally entitled to practice under the system as full-time practitioners or workers:

(a) Subject to established rules and regulations of admission and practice.

(b) Proper safeguards of their rights and privileges under the system and the law.

(c) With representation and a voice in the operation of the system.

7. Compensation to be adequate:

(a) Graded according to time of graduation, length of service in the system, rank held, and type of work.

(b) Salary increases and promotion to higher ranks to be based on similar considerations and to be automatically enforced.

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## Anderson, *Cont'd*

Three years later another bill was introduced to revive the Maternity and Infancy Act, known as Senate bill 572. The opposition in the Committee on Commerce, I believe, of the Senate was so strong that two reports were submitted by that committee. Part 1 favored the passage of the Maternity and Infancy Act; Part 2 was signed by nine Senators and opposed the passage of that act.

I just call your attention to the testimony of Dr. J. H. Florence, of Houston, Tex., former State health officer, submitted in a letter presented by Dr. Holman Taylor, secretary of the State Medical Association of Texas, and contained in Part 2, Report 428, Senate Calendar No. 448, Seventy-second Congress, first session, on page 3, which is as follows:

"With reference to the operation of the Sheppard-Towner Maternity and Infancy Act, let me say that when I was the State health officer, I administered the money provided by this law. I tried to carry out conscientiously the provisions of the act, but as time went on I found the regular health budget for the department was invariably cut by the appropriation committee of the legislature, because it was felt that we were getting outside funds for health work, when, in fact, the amount received from the Federal Government was of little material aid in the State health department. Also the publications issued to us for distribution were not always scientific or practical for the pregnant women and infant maternity welfare. I felt after a few months in office that the money furnished us was of little value. At first, I was favorable to the Sheppard-Towner bill, but my observation was that there was an attempt by the Federal authorities in charge of the distribution of the money to dominate the State health department. The State health officer was on the ground. The authorities in Washington were not, hence knew nothing of our real needs. In a theoretical way, they demanded that we disburse these funds according to their ideas, which were oftentimes vague, problematical, and loaded with sentimental nonsense. Above all of this, I found that our people resented the encroachment of Federal activities in our State, which seemed to smack of centralization and control of local government activities from Washington."

Now, the main difference between the maternity and the infancy act as passed about 10 years ago and the present act is that the former act provided an appropriation of about a million and a quarter a year to the States, whereas this (Social Security Act) appropriates $4,000,000.

There are large groups of people who feel that the goal of all sound public-health work should be with the idea of people having good housing facilities, sanitation, and all of those other things that make it possible for people to be healthy and happy without the use of a great many artificial means like habit-forming drugs and vaccines, serums, and things of that kind, and there is a great deal to be said for that side of the question.

The distribution of millions annually by the Public Health Service would mean that much more money being used to tell the public how necessary it is to be vaccinated or inoculated against one disease after another, and the objectionable feature about all this propaganda is that health boards generally do not stop with merely recommending certain forms of treatment but they go farther and either provide for the distribution of prizes to children if they submit to inoculation or ask that certain forms of treatment be made a requirement.

There is today an epidemic going the rounds of various boards of health to make different forms of medical treatment a requirement.

Last July the school board at Austin, Tex., had under consideration a measure designed to make immunization against diphtheria a requirement for school attendance. Citizens of Austin rose up and protested and the proposed requirement was unanimously voted down.

In Norfolk, Va., and a number of other places similar proposals have been made, and citizens have had to rise up and defend their liberties.

Recently the Michigan Association of School Physicians passed a resolution urging the enactment of legislation to require teachers, students, and school health workers to submit to the tuberculin test.

In a number of instances parents have served terms in prison rather than have their children vaccinated.

It is an amazing situation for various health boards to be reminding the medical profession, on the one hand, how enormously they are increasing their practice through their health-board campaigns at public expense and then for health boards to go out of their way to demand laws and regulations to make various forms of treatment compulsory. And yet that is the situation we face today.

In the minds of a great many people, the goal of all sound public-health work should be to make it possible for people to be healthy and strong without the use of artificial means, without taking the ground-up spinal cords of monkeys who have died from some virulent infection and injecting that into the healthy blood streams of little children.

There are a great many people who want something to say about their own bodies.

During the last war in one company of 248 men, there were 98 who got typhoid, yet they had been vaccinated and inoculated.

Scarlet fever went down from 155 in New York City to 2 per 100,000 without any serum. The mere fact that the death rate goes down does not prove that some particular serum has done it.

If a person is vaccinated, he has nothing to fear from a person who is not vaccinated, so you are not exposing the vaccinated person.

In New York State vaccination is not required in rural districts, and yet they get along very well under that condition. There has been no increase there since the law was repealed and I can mention one place after another where it has been the same.

I feel sure that I express the feeling of many loyal and intelligent citizens who view with dismay the growing tendency of organized medicine to force its ministrations upon the people.

We oppose the granting of additional appropriations to the Public Health Service for distribution to the States

*Con continued on page 209*

## Slavit, *Cont'd*

(c) Pensions, sickness, old-age and other disability and social insurance to be included and applied.

8. Hours of work to be assigned and regulated and scheduled so as to provide:

(a) Adequate medical care for the sick and injured at all times.

(b) Adequate time and opportunity for the physicians and allied workers for rest, recreation, vacations, and further professional study—with pay.

9. Organized cooperative groups and group methods to be employed under the system wherever possible. Special provisions to be made for rural and other territories inaccessible to regularly organized medical centers.

10. Individual private medical practice permissible under the same conditions and regulations as in private education, plus existing licenses and requirements by the state.—*Extracts, see 14, p. 244.*

## by G. W. Haigh, M. D.

**Former Surgeon, U. S. Navy**

★ *Dr. Haigh cites the Medical Corps of the U. S. Navy as proof that salaried physicians under a State Medical System would be efficient and progressive.*

It is generally admitted that modern medicine, on account of its growing and multiplying branches, demands cooperation. Cooperation can be secured and assured only through organization. Economic organization of physicians has not kept pace with the rapid progress of the medical sciences. It is limited to the larger public health departments and hospitals. It should be extended to cover the whole realm of medicine, which comprises two complementary divisions, of which one, preventive medicine, waxes, as the other, curative medicine, wanes. The fundamental problem, therefore, is what sort of organization, by unifying and coordinating the growing and multiplying specialties for preventive and curative medicine, will provide for the people the best service for both preserving and restoring their health and vigor.

Of the possible medical bodies that might furnish such service, there are four: a priesthood, a private corporation, a public corporation, and a government corps. The first, a priesthood, can hardly be created but must arise spontaneously through the inspiration of a leader and his disciples striving to effect a dire reform. Private corporations or partnerships would be somewhat comparable to private group practice, which has not yet demonstrated its suitability for the middle and lower classes. This form of medical service extended to the different classes of society could with difficulty survive the initial period of establishment because of the indefinite amount of capital necessary to enable the competing companies to prove their superiority over the other health agencies as well as over one another. They would not, moreover, eliminate the deplorable waste and excessive cost in a service so essential as one for health and accidents. No more adaptable as a cooperative system of health and accident would be a public corporation corresponding to the public utilities supplying electricity, gas and transportation. The migratory nature of many people would preclude a corporation with a field of operation less extensive than a county.

The only means of completely and efficiently organizing the profession for the betterment of medical practice, therefore, is a government bureau of medicine and surgery. Since the medical profession has signally failed to furnish proper service at a reasonable cost, and the individual practitioner is devoting his attention chiefly to the cure rather than to the prevention of disease, it behooves the people through its representatives to adopt such a system. Such a public service necessarily, as our public schools do, would compel its beneficiaries to forego their choice of any individual physician and to accept the offices of the one or more medical men designated to serve them. This would not entail any hardship but would be a distinct advantage in this day of specialization, when so many persons need to be directed to the source of the best treatment without the delay that so often results if they try to choose the best qualified doctor.

In any profession to which only the learned should belong, an opportunity to work intelligently, itself, suffices as a stimulus to effort. A decent living is sufficient material compensation. For several decades, in fact, most contributions to the advancement of medicine have emanated from clinics, laboratories, or institutes manned by salaried personnel working together. Even members of the medical profession financially independent, furthermore, have shown initiative and energy in the pursuit of such scientific research and in the establishment of renowned clinics, dependent on team work. Since 1906, in fact, the professional standing of the medical officers of the United States Navy as well as those of the army and federal Public Health Service, has been acknowledged by the American Medical Association to be above that of the civilian physicians in general, because the former are admitted to fellowship automatically, by virtue of their commissions, whereas the latter are eligible only by meeting certain qualifications. Since only representative graduates in medicine enter these federal services, the organizations, themselves, must foster a grade of practice higher than that of civilian doctors, who, in their need or in their greed are influenced by monetary consideration and distractions. Moreover, it was to be observed by those physicians serving in the navy for the duration of the World War that the regular naval personnel had the utmost confidence in its medical officers. Some of these who were financially able and physically free to consult eminent civilian doctors gladly availed themselves of the services of their own doctors.

Another objection to government medicine is its alleged prohibitive expense. Just reflect on the extravagance of the present incoherent, multifarious health agencies in our commonwealth. First, there are the state organizations. Second, the federal health services, public health,

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## Anderson, *Cont'd*

because if the appropriation were granted it would mean that many millions of dollars of public funds being used to compel millions of taxpayers to accept a form of treatment which they regard as unnecessary and dangerous.

In this connection I further submit that the medical profession is also very much divided on the question of vaccines and serums. For every physician who adheres strictly to laboratory procedures there is another physician who holds to a different form of treatment.—*Extracts, see 7, p. 224.*

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## by William D. Chapman, M. D.

**Silvis, Illinois**

★ *Dr. Chapman considers state medicine abhorrent in a Republican form of government; that it is inefficient and has ruined the medical profession in Germany and that a government has no right to tax its citizens to give free medical attention to those who would prefer paying for it.*

No reason can be cited why a charwoman in Connecticut should send money through the medium of the treasury in the form of taxes to an oil magnate in Texas, to pay the doctor's bill of his wife. If a man or a group proposed to hire a nurse for my wife or child, I should resent it. And I know from an intimate acquaintance with American family life that craftsmen, farmers, merchants and laborers share that feeling. We have prided ourselves on our independent ability to keep out of the poorhouse and off charity lists. The huge proportions of these recent socialistic proposals and the noises of altruism made by paid lobbyists and campaigners have concealed the details of operation and have blurred the vision of many citizens who would otherwise have been quicker to resent an attempt to undermine their independence.

We who were raised with a horror of the poor-house, which was then the popular word for "state care," have one duty which cannot safely be left to our hired help. It is that we instill in our children an intense fear of state care, however disguised, and teach them to believe that the state care of their day is synonomous with the poor-house of their parents and the paternal government of their children. A paternal government is not a republic. Attending to that duty, we have one consolation, and it is the thought that we may not fail. The prophets of Europe may be wrong.

That state care is more efficient than private competitive care I deny. In competition lies keenness. In its absence are standardization, ruts of routine, loss of the personal relation and lethargy. The education mentioned in the maternity bills is most desirable, but it also is already available. All of the so-called non-technical instruction in these matters can be printed in a very small pamphlet, such as has been for years distributed with gratifying results by the health departments of Illinois and other states. All of the rest of it is the practice of medicine; when symptoms arise the case has become one in which the physician observes, correlates, interprets and treats. It has become a very individual and a very private matter, and one whose ends are best attained by the keenest of competition. In all state service competition is out and individualism is frowned upon, seniority rules and workers are prone to become lethargic. In state service it is a classic that good men outgrow their jobs and quit, while poor or indifferent men never resign and seldom die. A new law cannot change those things.

State medicine killed the medical profession in Germany. There was a time when the physicians of the world went to Berlin for the best advanced thought. Since German doctors empanelled in the service of the government under the workings of the Compulsory Insurance Act, nothing new has come from Germany except two laboratory results, one of which was the work of a chemist who had not studied medicine. Today the United States is the world center of medical education. The keen urge of competition is the lifeblood of progress.

Compulsory health insurance was the first of the group to appear in this country. It came to us as German propaganda before we entered the war and was not recognized as such until given light of subsequent developments. Synchronously with the proposals that it be adopted by the allies this measure was offered to us and in 1917 it appeared, almost without warning, in twenty-two state legislatures. It was sponsored by the American Association for Labor Legislation, an organization whose membership lists showed only the thinnest sprinkling of employers of labor or employees or doctors, the three groups immediately affected. None of these groups had recognized such a need for this country. The proposal made much headway before any were equipped to combat it, for it was pushed by efficient full time workers and by lobbyists who were spellbinders. Money for its pushing seemed at that time and seems now plentifully easy.

Health center and state clinics where people who are not paupers may receive free treatment are obnoxious to the American citizen who wishes to pay his own way but are hailed with acclaim by immigrants who have been taught to regard a government as a father. These things, together with the various other agencies practicing medicine, have made inroads on the income of the medical profession. If it continues, there will come a time when service will suffer and when good men will desert the profession. Some doctors would be happier cleaning fish than working under a state panel on salary. In Germany panel doctors have recently been making professional calls at eight cents per visit, and crowding in enough visits each day to continue to live. I cite with confidence that such a visit is not worth eight cents to the patient. And so it has been said that in the last decade before the war, the German people received the poorest medical attention known in any civilized country.

In matters of state medicine let us see clearly which are state matters and which are private. Preventive medicine is a state matter, inasmuch as it protects one man from his neighbor's contagion. It properly carries police power, to the end that one man may not endanger his community. Curative medicine carries no menace for

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## Haigh, *Cont'd*

child welfare and maternity, and also various private national societies and institutes of hygiene and medicine with state branches. Third, the local boards of health with their hospitals for contagious diseases, and the school health department, police and private ambulance services, diverse hospitals, municipal as well as private, charitable and industrial, general and special, different health centers, district nursing societies, Red Cross workers, private physicians, and nurses, pharmacists, masseurs, cultists of nearly the fifty-seven proverbial varieties, mediums, quacks, abortionists, herbalists, fakers, and dispensers of "patent" medicines.

As the value of hygiene comes to be better appreciated and as the progress of civilization renders mankind economically more and more interdependent, the functions of the civilian physician become identical with those of the naval medical officer; these are primarily, to keep the personnel fit for duty and, secondarily, to restore them to fitness for duty. Without an excellent organization the medical corps of the navy and army would surely have broken down during the World War under the strain of the sudden and vast recruiting of their respective numbers. That they met that supreme test nobly, no one would dispute. Then, why cannot that organization be applied to civilian practice?

In the adaptation of this government medical service to the public the unit would be the district hospital with such different departments as eye, ear, nose and throat, orthopedic, obstetric, pediatric, genito-urinary, neurologic, mental, convalescent and incurable. It would vary according to the populousness of its territory. In the largest cities the different departments might be represented by institutions separate from one another but closely affiliated with the general hospital, which would provide a clearing house for patients and a headquarters for the personnel and the permanent health records. Besides, there would be auxiliary health and accident stations in factories and shops where enough people were employed, and also in rural communities too remote to be served directly by the central hospital staff. Temporary relief stations might be set up for celebrations, exhibitions, athletic contests, and entertainments when people gathered in large enough crowds. Mobile field companies might be dispatched expeditiously for service among communities stricken with epidemics or catastrophes. Medical officers on the hospital staffs would minister to those unable to visit the outpatient clinics, whether or not in need of hospital treatment.

Eventually, however, nearly all patients incapacitated by curable diseases or remedial injuries would be confined to the appropriate hospitals. Over these medical groups would be a central professional bureau like that of the navy. This would be manned by medical officers and their assistants under the direction of a medical administrator, who alone would be appointed by a layman. In order to eliminate politics from the operation of this service he would be selected by the governor only from those medical officers of the two or three highest ranks. This state health department would encompass the existing commission of public health and the medical duties of the industrial accident board and the department of public welfare. The personnel would comprise doctors, dentists, nurses, pharmacists and chemists, technicians, and any others that should be found advantageous.

The professional members would be paid approximately according to the schedule of pay for the medical personnel of the navy. The salaries with the usual allowances for living quarters would be determined by two factors, the length of service and the rank. Promotion would be governed by examination. Every one of the personnel would be obliged to devote his full time to the service. Full time contract medical practice is profitable and inspiring. The proposed government bureau would supply to any and all a free, universal medical service, which might eventually be just as compulsory as our educational system, since no patient should be permitted to lose his life or his health through ignorance or fanaticism.

State medicine, furthermore, would remove for many the present inhuman impediment to prompt diagnosis and effectual treatment; namely, the expensiveness of competitive medicine. This organization would assume entire responsibility for returning patients to work as expeditiously and as impartially as possible. It would insure patients receiving an examination at the end as well as at the onset of any illness or injury severe enough to keep them away from their usual duties. It would guarantee physical examinations at whatever periods were deemed desirable for those of different ages and of various occupational hazards. Free medicine, alone, would not only make available to every patient all the resources in knowledge and skill of the whole system but would also furnish the means by which they would become most accessible, medical advice ad libitum.

This system, moreover, would correct the incongruous and unreasonable positions of doctors in the present chaotic condition of medical practice. The aspirants for specialties would be trained only after thorough experience in general medicine. The older physicians in general would not be constrained to do things in which they had ceased to be interested and which they did more proficiently earlier in their careers. Several other glaring evils of competitive medicine would be abolished by systematic cooperation. There is another fault state medicine would remedy, weariness and brain fag, caused by the necessity of the individual physicians having to render personal service to their patients at all times of the day and night. Haste with its baneful consequences would also be discouraged by collective practice employing the economic principle of the division of labor. Carelessness on which individualistic practice exercises no direct check would be curbed by state medicine.—*Extracts, see 1, p. 224.*

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"A state system of health insurance would afford medical attention to those not now in a position to obtain such attention; early recognition and treatment of minor ailments, and the possible prevention of incurable conditions; a clinical record of a large portion of the population; a feeling of greater financial security among physicians who serve the industrial population; the spread of health education among the people; early discovery of children's defects through medical inspection of schools."
—*J. W. S. McCullough, M.D.* *Pro continued on page 212*

## Chapman, *Cont'd*

each family in a republic. If there are reasons why the state should buy medicines and purchaseable services for its citizens, then there are the same reasons why the state should buy groceries and do plumbing for its citizens. The line between the preventive and the curative is distinct and will not lead us astray.

Each citizen may carry voluntary insurance in existing companies, against the expense of illness, if he wills. That is prideful, American and right.—*Extracts see 4 p. 224*

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## by William Allen Pusey, M. D.

**Former President, A. M. A.**

★ *Dr. Pusey predicts that if socialized medicine should come it will inevitably fall of its own weight and be abandoned.*

MEDICINE is, in fact, particularly exposed to the dangers of socialization, because the projects of socialism that contain the first acceptance are those that have to do with health and physical welfare. There is an evident tendency now to appropriate medicine in the social movement; to make the treatment of the sick a function of society as a whole; to take it away from the individual's responsibilities and to transfer it to the state; to turn it over to organized movements. If this movement should prevail to its logical limits, medicine would cease to be a liberal profession and would degenerate into a guild of dependent employees.

And there is another side to this picture. There are influences which will in time, probably, first check the socialistic trend and then cause a reaction. Probably this will come only after sad experience and at high cost; but society gets on only with such penalties.

In the next place, the machinery for all these socialistic and paternalistic enterprises will in time become so large and unwieldly that it will be impractical and fall to pieces. When, in addition to the ordinary machinery of government, we add the new machinery for running the mines and the railroads and the telegraph and the telephone and the wireless, for the regulation of capital and industry, for the stabilization of industry, for employment insurance and health insurance, for old age pensions, for socialized recreations and socialized neighborliness, for socialized health education and programs—when on top of these you pile the organizations for keeping the people from using opium and cocain and alcohol and doing other things that are not good for them, for enforcing all sorts of laws that prohibit some of the population from doing things that another part thinks are wicked, for socialized nursing and medical care, for taking over obstetrics, child welfare and venereal diseases, for the care of the injured, crippled and defective—when these activities, nearly all of them temporarily good in themselves, have developed to a certain point, the burden will become too great. The men taken from productive occupation and private enterprise that will be required to man them will be such a large proportion of the population that, sooner or later, the social fabric will give way. There will not be enough of the population left for production to take care of the administrators; and a reaction, if not a crash, will come.

In the next place, and most hopeful of all, society is usually saved from its own carelessness—except when a cataclysm occurs—by the persistence of a minority element which, through character, intelligence and force, is able ultimately to exercise a controlling hand in the direction of affairs. If civilization is to be saved from the effects of a socialized mediocrity, it will be by the presence in the community of this influential minority.

The essential thing is to be alive to these dangers and consistently to oppose movements that are unsound, regardless of their temporarily seductive character.

We hear so much now about preventive medicine, about medicine's new social responsibilities, that this old responsibility is failing to stand out in proper proportions. Prevention is an important function of medicine, and will doubtless become more so; but it is altogether likely that it will never be its chief function. Carry our discoveries to the utmost limit, man is still a machine that will get out of order, will be injured and will ultimately wear out. As long as that is true, there will be need for the personal physician to take care of the individual patient. For this service, thousands of physicians will be needed where hundreds can be usefully employed in research and preventive medicine. These are the men on the firing line; the battle for the relief of suffering depends on them. And the efforts of society, as of this Association, should be dedicated to the welfare, and development in training and character, of these men, engaged in the workaday duties of caring for the sick, wherever they are scattered over the face of the earth. To foster the competence of these men is the greatest social responsibility of medicine. —*Extracts, see 5, p. 224.*

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"Unless the drift toward Bureaucratic Government is stopped, Americans will be the most ruled and standardized people in the world, and we will need armies of citizens to enforce all the laws; by and by we shall all be government employes, earning our pay by watching one another. Then, surely, the millennium will have been reached."—*Illinois Medical Journal.*

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"The relation of the Church, or of all the Churches, to the State is one of the problems which the Republic may be said to have solved. It is decided that it has no relation whatever. The State has as much relation to religion as to medicine, and no more; and it might as well establish Homeopathy as its medical system, as Episcopacy its religion."—*The late Andrew Carnegie.*

*Con continued on page 213*

**PRO**

## by D. B. Armstrong, M. D.

San Francisco, California

★ *After listing the arguments against socialized medicine, Dr. Armstrong concludes that physicians would be better off under it than they are at present.*

As some one has put it, "the whole world is yeasty." Changes are inevitable, changes involving new relations, new social adjustments, new usages for social organization. Now, is it not true that past history shows a tendency toward the development of new social instruments? Certainly this is true of medical history in particular. The great modern advances in disease control, barring a few unpremeditated, unplanned, accidental discoveries by isolated individuals, have been the result of organization, either for laboratory research, field study, or other experimentation. Shall we not therefore find, that in order to solve the major difficulties of medical practice today, we shall have to have a further socialized organization of the forces now wasted or imperfectly used?

What indeed are the practical objections offered by physicians and others to these progressive developments in medicine? Consider only a few of the arguments directed generally against the extension of social insurance, this being the line of social development most conspicuously and energetically promoted at the present time.

1. The injection of the state into the affairs of medicine will interfere with the normal relations between the physician and the patient.

Yet we have seen that this relation is largely an economic one, very unsatisfactory for both the physician and patient. The physician comes into contact with the patient only when called. He does not follow the case to a complete cure unless the patient bids him to do so. To force his services when he alone may know how absolutely essential they are is out of the question. There is, in fact, in the existing relation very little to insure the proper care of the case, the protection of society, or the proper remuneration of the physician. There is a tremendous opportunity for improvement in this relationship. Indeed, if the present relation must be accepted as the "normal relation," then something decidedly abnormal would seem greatly to be preferred.

2. So-called "state medicine" would seriously interfere with the physician's income.

Yet everyone knows how meagre and uncertain is the income of the average physician today. Besides, it is a reward for the amount of illness in the community, and not compensation for the amount of health preserved or created. Further, at present the physicians are performing only a fraction of the amount of work that needs to be done, and that will never get done under present conditions. For the additional preventive and creative work that should be undertaken under a reasonable arrangement, there would be supplementary remuneration for the medical profession. Socialization would quadruple the "business" of the profession.

3. Socialization would level downward.

A wise plan of state medicine, placing reward for service on an emulative basis, with a system of promotion from less important occupations (or possible districts) to more important ones, the standards being disease prevented, sickness cured and health created, would eliminate the unfit, elevate and standardize practice, increase compensation, and level upward rather than downward.

4. Socialization would eliminate "personality" from the service.

It is true that certain steps toward socialization thus far developed do depreciate somewhat the value of personality. In hospital service this is undoubtedly a factor, the public wards being less attractive because of a relative lack of choice of physicians on the part of the patients.

Certainly, any wise system of public medicine gradually and cautiously developed along lines previously indicated, must recognize the "art" as well as the science of medicine, and must take every precaution to preserve the value of the personal elements. Of course this "personality" factor has disadvantages as well as advantages. The poorly trained quack frequently has more "personality" than the scientifically trained physician. On the other hand, higher and more uniform standards of training and practice would minimize the importance of the personal choice factor. There would be a leveling upward as to medical proficiency. Further, after all of the physicians, with the incompetents eliminated, were properly related to the community and the community's treatment facilities, such as hospitals, clinics, etc., there would be no question of inadequate hospital and medical relations, physicians without hospital connections, etc.

5. State control over the practice of medicine tends to make patients a litigation problem (particularly in health insurance) rather than a scientific problem.

In the first place, such a result could not fairly be called "socialization," for the primary aim of current social tendencies is to increase the scientific treatment of disease and to decrease the percentage of cases that go untreatd altogether, scientifically or otherwise. As a matter of fact, the ordinary everyday practice of medicine as carried out at the present time could scarcely be made less scientific.

6. State control would make "the case" purely a scientific problem, ignoring the human factor.

This delightfully contradictory objection is often stated in the same breath with the one preceding, and answers itself.

7. Socialization tends to break down individual self-reliance, self-respect, and the willingness on the part of the patient to meet his own obligations.

It is claimed that of all the people needing or not needing treatment in a community, if treatment facilities are made too readily available and attractive, there will be a certain percentage who will take unfair advantage of the opportunity. These people, either not in need of treatment or quite able to pay adequately for private care, will fall back on the state, exaggerating trivialities, adopting malingering tactics, etc. According to the argument this is a load the state cannot afford to carry.

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## by Wingate M. Johnson, M. D.

**Winston-Salem, North Carolina**

★ *Dr. Johnson wants to know why the medical profession is singled out for socialization while people need free food, clothing and fuel.*

STATE Medicine has already been tried in Europe. As is the case in most debatable questions, one may get opinions pro or con, according to the personal bias of the investigator or of the informer, This may account for the fact that most of the reports that have come to my ears and eyes have been unfavorable; but the fact that most of my information has been gleaned from medical journals which, in turn, have had their reports directly from doctors or from disinterested citizens, rather than from politicians and specialists in other people's business, should give it weight. A typical expression from a private physician is from Dr. Edwin Liek, of Danzig: "Social insurance is today organized to fill the feed-trough of bureaucratic drones." Dr. Edward Ochsner, after a careful first-hand study of the situation, says, "Germany has had social insurance the longest and has for a considerable time been on the verge of bankruptcy. While other facts are operative, we believe that the billion dollars which social insurance costs the nation every year is one of the chief reasons."

After all, the question of state medicine is bound up with the socialization of the state generally. With so many other pressing public needs, why should the medical profession be singled out for attack? Does not the public need fuel and clothing and food? And are not the costs of these subject to great fluctuations, just as is the cost of its medical care? Why not, then, let us join Russia in her "noble experiment" of communism, and be done with it? There a doctor gets $12 a month for working six hours a day: some of them double and work twelve hours a day for $24 a month.

Already our people have been spoon-fed by the hand of the government until they have lost much of their independence. A long step toward the complete loss of self-respect and manhood would be taken if they were still further pauperized by having free medical service forced upon them.

It is almost impossible to overestimate the effect state medicine would have upon the doctor himself. It is recognized and admitted that some of the most brilliant discoveries and greatest medical triumphs have been achieved by medical men working for salaries in government laboratories or such semi-public institutions as the Rockefeller Institute. It is true, however, that the research worker is altogether different from the practitioner. The researcher does better work for having his living provided for him, leaving him a free mind to apply to his laboratory. The practitioner, on the other hand, is an individualist by nature and by training. He learns to rely on himself, and is cramped if forced to take orders from higher authority. It is true that the stress of competition in private practice may develop heart-burning jealousy between its members; but it has also brought forth their best efforts. And a much higher incentive than that of competition is the trust imposed in him by his families. To merit their confidence, the right sort of doctor will make almost any sacrifice.

Under state medicine, inevitably the old relation between doctor and patient would be destroyed. There could not be the same interest taken in his patients by a doctor working for the state as by one in private practice. In no other profession does the personal equation count for more than in medicine; and nothing would destroy this more quickly than state medicine, particularly if practiced by groups.—*Extracts, see 6, p. 224.*

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"It is the plain duty of the school authorities to see to it that the school buildings and all places where the students assemble for study are safe, sanitary, comfortable, well lighted and ventilated, and in every way suitable and calculated to facilitate and promote the work to be there performed. When they assume to go beyond this, and to take charge of the physical condition and health of the pupil we believe they have transcended their functions. This duty should be left to the parent or legal guardian, where it properly belongs.

"There are many indications that we are drifting toward the pernicious notion that the citizen is the ward of the state. This conception is not only unworthy of us and our times, but it is unjust to him and tends to lessen his self-dependence, impair his self-respect, and hamper his efforts to reach his highest destiny. We would much better take the loftier and more healthful view, that the average American, by birth, amid our institutions, is naturally endowed with a keen sense of his personal rights and privileges, with an abounding ambition to do things and a large capability of looking out for himself. We are ages in advance of the Spartan regime under which the child at birth was examined by the ruling elders to determine whether or not he was fit to be reared, and at the age of seven was taken over by the state."—*William Nottingham, M.A., Ph.D., LL.D. Regent, University of the State of New York.*

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"A healthy mental attitude is the greatest of all helps in preserving physical sanity; break down a healthy mental attitude, and the baleful germs that are in all of us will riot uncontrolled. Virtually all of us go through life with engines that are more or less imperfect, but that do their work satisfactorily enough as long as we do not watch them, tinker over them and fuss with them. A compulsory, universal medical examination would probably result in widespread depression and despair."—*The Youth's Companion.*

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## Armstrong, *Cont'd*

On the other hand, under present conditions 70 per cent or more of our population is in need of treatment, and largely fails to get it. This represents a much greater state liability and one which the state can much less afford to carry.

8. There will result a tremendously expensive and unwieldly political machine into the unsympathetic arms of which medicine will fall.

As a matter of fact, the largest element in such organization as may be necessary to administer the program of social medicine, would be the medical profession itself. Errors in the plan, defects in the provision for medical work, vicious manipulation of the system as a whole, can all be eliminated by the medical profession itself if it gets into the game in the beginning, shapes the development of the program, and contributes its constructive genius to the further growth of the whole system.

Undoubtedly it is up to the physicians to take the lead and initiative in the development of the social control of medicine. The movement should be governed from the inside and not from the outside. In this way only can the adequacy of the plan from the medical point of view be assured.

A few of the many advantages of a further social control of medicine to the private physician may be summarized briefly here. A social system properly planned should insure more regularity of service as to hours, a tremendous increase in the amount of worthwhile work accomplished, an enhanced income, a reward on a rational basis of accomplishment, better opportunities to study and specialize, opportunity for expert consultation and cooperation, and the elimination of the necessity for frequently putting economic consideration ahead of the patient's welfare.

The individual trained to treat the ills of his fellowman should be assured of an adequate income, not dependent on a chance excess of illness in his community. In medicine the relative cost factor should be eliminated both for the patient and the physician. Society cannot afford preventable illness. Society cannot afford to leave its elimination to a haphazard system in which the patient and the doctor make their decisions under the pressure of economic necessity. This ideal is approximated even now in one form of socialized medical service, namely, the hospital. Here there are, for instance, laboratory and research facilities for all, rich and poor alike, and the cost factor is partially at least eliminated, the basis being service. The socialization of medicine should eventually eliminate from the physician's life this hampering element of economic pressure. The man who is teaching medicine as well as the man who is practicing it, should be free from worry and undue stress on the side of self and family maintenance.

Equally obvious must be the advantage to society. Through socialization in its many phases, every individual should receive the advantages of special facilities and expert service, regardless of his paying ability. From the social point of view, preventable sickness always is too expensive. We could afford to obtain medical service at any cost for the 70 per cent in need of it, and not only for the few who can now afford it. If it is cheaper "to prevent than to cure," and if "a stitch in time saves nine," then the prevention, early detection, and adequate treatment of disease will materially lower the charges upon the community for illness costs. Finally, society would be operating on a rational, economically sound basis, utilizing its medical resources to the full.—*Extracts, see 8, p. 224.*

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## by J. A. Mitchell, M. D.

**London, England**

★ *In the opinion of Dr. Mitchell governmental aid is essential to the maintenance of national health.*

THE results of the present system is that a large percentage of the sick receive inadequate medical treatment or no treatment whatever. Another great defect of the present system of medical services is the scant attention paid to the prevention of disease and the maintenance of health, either in the individual or in the community. Unless the present individualistic, competitive and purely curative system of medical services can be modified or adapted to meet modern needs and conditions it will assuredly "go under" and be replaced by some system that will meet those needs. The need is for a system which will not only bring efficient curative medicine within the reach of the sick of all classes but one under which every medical practitioner will devote special attention to the prevention of disease and the maintenance of health—in the individual and family and in the community as a whole. An obvious plan of reorganization is the nationalization of medical aid for the whole community—the provision by the state of free medical care and treatment for all citizens, or for all who wish to avail themselves of the state service.

In most countries today the policy is to endeavor to meet the medical needs of the people by developing a system of free medical services for the indigent, and of aided medical services for those who are only able to contribute—the latter being usually provided under some scheme of national health insurance. The essential feature of most such schemes is that the insured are either encouraged or required by law to make regular and systematic contributions out of their wages or earnings; employers are also required to contribute, and a contribution is made by the state out of revenue derived from general taxation. Out of the fund so formed are paid the fees and allowances of medical practitioners and others employed in rendering services to the insured, these being usually fixed and agreed on between the government and the medical profession by a process of collective bargaining. In a few countries only a cash benefit is payable during illness, the recipients being left to make their own arrangements as regards medical treatment. The poten-

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## Editorial, Ladies Home Journal

**February, 1933**

THE *Journal* has commented frequently and hopefully on the studies that have been made during the past five years by the Committee on the Costs of Medical Care.

But the mountain has labored in vain; it has brought forth a mouse.

As its major conclusions, the committee recommends, first, "that medical service, both preventive and therapeutic, should be furnished largely by organized groups of physicians, dentists, nurses, pharmacists and other associated personnel . . . organized, preferably around a hospital, for rendering complete home, office and hospital care"; and, second, "that the costs of medical care be placed on a group-payment basis, through the use of insurance, through the use of taxation, or through the use of both these methods."

In other words, state medicine.

This is the report of the majority of the committee. It is combatted by a vigorous minority, which quite rightly points out that "there is nothing in experience to show that it is a workable scheme or that it would not contain evils of its own which would be worse than those it is supposed to alleviate. Above all there is no evidence to prove that it would accomplish what ought to be the first object of this committee, the lessening of the costs of medical care."

The medical profession has itself long stood in fear of the introduction of state medicine, with the building up of yet another bureaucracy to dictate its every action. The public has even greater reason to fear such a system. Already, according to the committee's statistics, taxation pays fourteen per cent of the nation's total bill for medical care—$514,500,000 out of $3,647,000,000. It is not difficult to conceive that a medical bureaucracy might rival the public-school system, or the Army and Navy, in its demands for tax funds.

Health insurance should be voluntary, according to most of the members of the committee, though a minority is for the immediate introduction of compulsory insurance. For the benefit of those people who could not afford to pay for insurance, it is suggested that "communities may well use tax funds," and if the community cannot pay "the committee recommends state financial aid."

And, perhaps in recompense for this tax-fund assistance, it is suggested that the hospital board to direct the general policies and assume responsibilities for the finances of the medical center might be "elected by popular vote like school boards, or appointed by municipal or county officials." Thus creating more political jobs, and quite likely in the end making the health of voters dependent upon regularity in support of the political boss.

Meantime, what would become of those doctors who were not included in the medical-center staff? Some, of course, could continue to count upon the loyalty of patients who willingly or unwillingly would thus pay a double cost for medical care. But other physicians, forced outside the political pale, would surely find themselves dubbed as quacks, however reputable their practice might continue.

The committee was supposed to find some way by which more adequate medical care might be made available to the public at lower cost, but nothing the majority has proposed even points the way. Far better the recommendations of the minority of the committee, who propose "that government competition in the practice of medicine be discontinued and that its activities be restricted to the care of the indigent and of those patients with diseases which can be cared for only in governmental institutions; to the promotion of public health," and to the care of the Army, Navy and veterans having war-connected disabilities.

And, of even greater importance, "The minority recommends that united attempts be made to restore the general practitioner to the central place in medical practice."

"We are opposed," says the minority report, "to all forms of medical practice which make it difficult or impossible to maintain the personal relationship of physician and patient. Neither do we agree with the majority that savings in the cost of medical care are to be made by eliminating the general practitioner or submerging him in a group. . . . In a group the general practitioner tends to disappear. The great majority of illnesses and injuries (about 85%) are of such nature that they can be treated efficiently by any able practitioner with very simple equipment."

It is the opinion of the JOURNAL that the accomplishments of this five-year study are to be measured by the minority report and not by the majority with its Utopian and impractical schemes; that the family doctor is the most-efficient and least-expensive source of general health, that state medicine, with its demand for compulsory insurance and increased taxation, is in every way to be avoided; that the mass production of health, through any medical hierarchy or bureaucracy, is impossible; and that the simple health-insurance is so far the most practical of all methods to enable our people to pay for illness.

We have politics messing its often-dirty hands in business, in our schools, in most public affairs and some private ones as well. But may we be preserved from politics in personal health.—*Extracts, see 5 p. 224.*

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"The most significant general fact is that in no country have either the physicians who are to give sickness insurance service or the proposed beneficiaries of that service ever asked for it. In most countries its introduction was opposed by both groups. In a few countries in recent years, where voluntary insurance societies had been organized among laborers and found themselves in financial difficulties, these societies were able to secure the support of their members and sometimes of the political parties of labor for state subsidies and then for a compulsory system. The demand in these cases does not appear to have come from the membership but from the officials of the societies that were in financial difficulties and from the labor politicians who saw in the societies an extensive political machine."—*Sickness Insurance Catechism, American Medical Association.*

## Mitchell, *Cont'd*

tialities and advantages of such a scheme are obvious, especially where its scope includes the wives and families of insured persons, and the benefits comprise specialists and hospital services. Its great drawback is that, while it facilitates and provides for treatment, prevention—both in the insured and in the community—is apt to be neglected; it may even tend to increase the amount of incapacitation and illness, or, at least, the "lay-off" from work due to sickness. It does not make provision for promoting and encouraging cleanliness and healthy living, the removal of the root causes of sickness and disease, and the building up of a fit and virile community. Under the English scheme something is done in this direction by paying the medical attendant at a fixed annual rate per insured person, irrespective of his health or illness—so that the healthier the insured community the less work the medical officer will have, and it is therefore his interest to prevent disease in the insured. The essence of national health insurance is state assistance, out of revenue derived from general taxation, in meeting the medical needs of the poorer sections of the community—*Extracts, see 1, p. 224.*

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## by James York,

### Student, Kansas State University

★ *Mr. York argues that the maintenance of public health is as important as the maintenance of public education and should be the duty of the state.*

We Americans are justly proud of our splendid school system. We take pride in giving our children the best that money can buy in education. But the interest of society in these children stops, apparently, with the education of the mind; for a recent survey reveals the startling fact that the children in American schools are suffering from serious physical and health defects.

Health conditions in the United States are so bad that I am proposing a fundamental change in our system of medical care. I propose that the costs of medical and dental care be borne by the state.

I realize that this will sound like a radical proposal—perhaps even a step toward socialism. I realize, too, that physicians in general oppose the idea of state support of medicine. It is natural that they should; many of them feel that such a system is opposed to their own private interests. However, in considering a situation so vital to all of us, we must lay aside our prejudices, our thoughts of personal gain, and look at the facts as they exist. An impartial examination of the facts will reveal conditions in our present system of medical practice so serious as to demand a change.

During the World War, our Government gave physical examinations to nearly three million drafted men. The Surgeon General's report of the results of these examinations is startling. Not only were a third of the men examined accepted in spite of serious physical defects, so that 4 per cent of this total number had to be placed in limited service classifications, but one man out of every five examined had defects so serious that the army rejected him as entirely unfit for military service of any sort, even in time of acute national emergency.

But, you say, that was twenty years ago; perhaps conditions are better today. Unfortunately, they are not; our present situation is as bad as ever.

Now, what is the cause of this situation? We can't blame it on climate or environment; conditions seem to be equally bad in every section of the country. We can't attribute it to certain occupations, or to lack of exercise; low physical standards are found in every social group. The only reasonable conclusion is that the cause is inherent in the present organization of medicine—in the system of private medicine itself.

As we all know, medical care in the United States is supplied chiefly by private practitioners, who work from motives of profit. Doctors must live; they may do so only by charging you enough to cover all expenses and still give them a profit. When John Smith undergoes an operation, he pays for several hospital attendants, an office girl, a nurse, and probably part of the cost of the last charity case, besides paying for the services of a surgeon. In all, more than 1,080,000 persons in this country make their living by providing medical care.

Naturally, when it must provide support for such a large number—about one person to every twenty families—the cost of medical care is exceedingly high. In 1929, the aggregate cost for the entire United States was $3,647,000,000; an average of $146 for each family. Every type of medical or dental service is expensive. A single operation usually costs hundreds of dollars. Competition has failed to keep charges down; doctors are too well organized. So under our system of private practice, the cost of medical care is bound to be high.

And right there is the difficulty. As a realt of these high charges, the average person cannot afford adequate medical attention. Dr. Edgar Sydenstricker, Director of Research for the Milbank Foundation, shows that only the one-fourth of our population in the upper income group, the one-fourth who have incomes of more than $3,000 a year, are able to pay their $146 a year for medical attention. The other three-fourths are not given the attention they need. The Committee on the Cost of Medical Care reports that nearly 40 per cent of our people receive no medical attention whatever. What else could we expect? According to the Bureau of Labor Statistics, the average income for laborers in 1933 was only a little more than $700 a year; how can a family pay for food, for rent, for fuel, for clothing out of $700 and still have anything left for doctors? And lacking medical attention, they naturally are more subject to disease.

Now the question is, what can be done about it? The logical thing, it seems to me, is to have the state provide medical care for rich and poor alike. A hundred years ago, education was a commodity, sold for profit, just as medical care is sold today, to the wealthy few who can

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## Committee on the Costs of Medical Care--From the Minority Report

1. That government competition in the practice of medicine be discontinued and that its activities be restricted (a) to the care of the indigent and of those patients with diseases which can be cared for only in governmental institutions; (b) to the promotion of public health; (c) to the support of the medical profession; and (d) to the care of veterans suffering from bona fide service-connected disabilities and diseases, except in the case of tuberculosis and nervous and mental diseases.

2. That government care of the indigent be expanded with the ultimate object of relieving the medical profession of this burden.

3. That the study, evaluation and coordination of medical service be considered important functions for every state and local community, that agencies be formed to exercise these functions, and that the coordination of rural with urban service receive special attention.

4. That united attempts be made to restore the general practitioner to the central place in medical practice.

5. That the corporate practice of medicine, financed through intermediary agencies be vigorously and persistently opposed as being economically wasteful, inimical to a continued and sustained high quality of medical care, or unfair exploitation of the medical profession.

6. That methods be given careful trial which can rightly be fitted into our present institutions and agencies without interfering with the fundamentals of medical practice.

7. The development by state or county medical societies of plans for medical care. (In formulation principles for such plans, the minority declared, "We are not opposed to insurance but only to the abuses that have practically always accompanied insurance medicine.").—*Extracts, see 16, p. 224.*


## W. Gerry Morgan, M.D.

**Washington, D. C.**


★ *Dr. Morgan expresses the opinion that governmental and other agencies for medical oversight are in danger of doing more harm than good to the health of the public.*

We are not willing to see the entire population, with the exception of the rich, taken away from the individual physician, whether he be family doctor or specialist, and turned over to the salaried physician who, by virtue of the circumstances under which he must render his service, will not be able to devote to the individual patient the careful study that is or may be required.

No scheme has yet been evolved of state insurance, state medicine, or whatever it may be called, that has demonstrated unequivocally the advisability of going the limit in the matter of governmental control over individual health maintenance. Aside from efforts directed toward the conservation of the public health by agencies of government, there has grown apace another form of paternalism applied not to public health but to the health of the public, if such a turning of words is permissible. The list is long and steadily growing longer of agencies, medical, quasi-medical and plainly nonmedical, which have for their object some form of medical oversight, "guidance," "education," "social service," "psychiatric social service," 'case work," and what not, all directed toward the physical, mental, moral or emotional life of parents or their children, and all under the guise of physical or mental "betterment." To what extent these agencies have followed the lead of the government, with its paternalistic monstrosities—the Sheppard-Towner bill, the Newton bill and the long list of pieces of paternalistic legislation proposed or enacted—cannot be vouchsafed.

After looking through the list of these agencies, one is constrained to ask what has come over the people that makes such oversight necessary or possible. We are told that mothers have been "educated" in the care of their children until they are stampeded by the multiplicity of directions, and in increasing numbers are turning the job over to the "clinic" or "center" or whatever agency may be available for shifting responsibility, while they read the latest thriller or go to the movies.

A notable example of what may be called mixed paternalism, where physician and layman meet, may be found in the mental hygiene movement which has developed in this country within the last twenty years and has spread over practically the whole civilized world. One of the problems which all will doubtless agree comes within the jurisdiction of government care is the treatment and housing of the mentally diseased, this term being used without any attempt at differentiation in accordance with modern terminology. It is manifestly impracticable, even with great wealth, for the family to take care of its member who comes within the category of mental disorder. Provision of institutional care for the mentally diseased, however, is not the solution of the entire problem, and this the public has come to realize. It has long been felt that many persons have been committed to institutions for the care of mental diseases who might have been saved such a fate if more attention had been given to what is now designated mental hygiene—to the patient's familial and environmental history, and to the relationship between physical and mental health. The multiform nature of mental illness, conditioned as it may be by physical, emotional, social and other elements of the individual's environment, constitutes a problem the complexity of which calls for profound knowledge and individual contact.

The question may be justly raised whether it is wise to add another "complex" to the long list that has come out of our fast-moving life, and to wonder what proportion of the appalling increase in the number of mental patients in our country at the present time may be traced to too much paternalism applied through the various correlated mental hygiene agencies. Attention is called to these mat-

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## York, *Cont'd*

afford it. But now we recognize that educated citizens are essential to a democracy. So we have our splendid system of public schools, supported by the state. Health is just as valuable as knowledge to the individual, just as important in business, and much more essential to a happy contented life. The health of citizens is just as necessary as their education to the stability of the nation. So logically, the next step in our social progress is to do for health what we have already done for education—provide for the support of medical care by taxes.

We are faced by an appalling condition of public health. That condition is the direct result of our present system of private medical care. So I propose that we change from the private system responsible for these conditions; that we change to a system of state controlled medicine, with the cost of medical and dental care assumed by the state.—*Extracts, see 12, p. 224.*

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## by Anna J. Haines,

### Social Worker and Author

★ *Miss Haines cites the health insurance system of Soviet Russia as a successful example of socialized medicine.*

With the founding of a socialized state in Russia all the needs and activities of individuals were scrutinized with a view to discovering which of them were of the fundamental and group character warranting their assumption by the state. Health was immediately recognized as one of these basic needs.

Years ago governments which were not at all socialistic felt a responsibility toward protecting their citizens from the so-called "contagious diseases" such as small-pox, diphtheria and yellow fever. In no civilized country are these left entirely to the initiative of the individual patient and the private practitioner. Many more diseases share this "contagious" character, but private physicians and the medical associations have taken alarm, *sensing* the danger that many of their patients might be deflected to free state clinics.

In Western countries the theory has been evolved that the state should assume the responsibility for sanitary inspection of buildings and food, for vaccination, for the periodic examination of school children, etc., etc.; that is, for a gradually widening circle of prophylactic measures, for which the individual healthy citizen is slow in assuming financial responsibility. But the increase of prophylaxis should mean the decrease in individual cases of illness, and therefore, however unintentionally, the decrease in the income of private practitioners. The truth that "an ounce of prevention is worth a pound of cure" ultimately may be translated into dollars and cents. American medicine is now in this impasse. Our medical journals and influential physicians are at the same time eager to adopt the most modern and scientific attitude toward disease and yet are jealously on guard against what they feel to be the encroachments of "state medicine" when it tries to put this attitude into practical effect.

Russia started on the foundation of a new conception of State Medicine with the creation of the Commissariat of Health in July, 1918. Just as the banks and the railroads and the private trade were nationalized in those days, so medical institutions and the treatment of disease were made a state function and responsibility.

The first step was seen to be the formation of an intelligent program and the organization of all the available medical resources into a unified system for its enforcement. All doctors, nurses and pharmacists became civil servants, and all hospitals, sanatoria and drug-stores, became state institutions.

The accessibility of medical help to all citizens is an essential part of the application of state medicine, but in a country of 140,000,000 people spread over 8 million square miles of territory the immediate accessibility of medical treatment to all becomes no easy matter.

It is on the program that medical institutions be open to all citizens needing such care, but it is by no means true that the financial situation of the central or of the local health departments permits this program to be carried out. There are indeed fewer hospitals in the country as a whole now than there were before. What does exist, however, is a program of expansion which automatically goes into effect as revenue increases, an increase which will come with the improvement in harvests and industries. The growth of the health service may depend on economic conditions, but it is not a matter for political bargaining.

As a result of the actual shortage of personnel and of the restrictions enforced by lowered budgets, the State clinics were and are very crowded, so that patients often have to wait a long time for their turn for free treatment. If these patients are not very poor they may prefer to spend their money for doctors' fees rather than sit in the crowded waiting-room.

At present (1928) Russia has the compromise system of free or voluntarily paid medical treatment for all holders of health insurance, that is for all salaried workers and their families, for all soldiers and their families, for all wounded ex-soldiers, for all school-children and for the poorest among the peasants. The payment of fees for medical treatment is obligatory on the part of all private traders and employers of labor.

At the same time a distinct propaganda for specialization is being carried on among the young doctors. Excellent as this system may be for the complicated medical service of a city one is somewhat appalled at the dilemma of a rural community unable to afford more than one doctor, and forced to choose among pediatricians, surgeons, psychiatrists and dentists.

Preventive medicine deals with groups rather than with individuals, it seeks causes rather than symptoms, it aims to eradicate evils rather than to ameliorate or to cure

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## Morgan, *Cont'd*

ters with a desire to arouse the individual members of our profession to a sense of responsibility in the concerted effort we are making to forestall further encroachments on prerogatives which, by virtue of training and experience, belong to us as private citizens, members of an honored and honorable profession, whose duty is to the community we serve in our endeavor to prevent and to cure disease. We must "see the whole" of the paternalistic tangle in which, for one reason or another, we find ourselves, and we must "look to the end."—*Extracts, see 1, p. 224.*

## by Palmer Findley, M. D.

**Omaha, Nebraska**

★ *Dr. Findley says that to make a universal application of state medicine is impossible and impracticable. He calls it paternalism in its purest form.*

STATE medicine may be defined as a system whereby all physicians are educated under state control and are salaried by the state. They are to be supported through taxation and receive no direct compensation from their patients. It is presumed that since the doctor cannot profit by the misfortunes of his patients he will be actuated by motives that are pure and undefiled. His status would be likened to that of the educator. Medical education would be controlled and directed by the state. Practice would be supervised by the state; salaries would be fixed by the state and in proportion to the responsibilities assumed and skill expended. The doctor would be assigned to definite localities, postgraduate courses would be provided and required, vacations would be granted, and there would be pensions for physical disabilities and old age. We would have none of the overcrowding of the cities and neglect of the rural communities, for the doctors would be allocated in accordance with the needs of the communities. There would be none of the nefarious practice of fee splitting because there would be no fees to split. There would be no unnecessary services performed for reason of financial reward and patients would be referred to the doctor most competent to perform the services rather than to be retained in less competent hands. It is argued that public school education was once more bitterly opposed than is state medicine. And now we have public education and it is costing the taxpayers the tidy sum of not less than two billions of dollars annually.

Medical education is acquired at great expenditure of time, labor and money. Seven to twelve years of such sacrifices are scarcely justified in the prospect of a salaried job such as state medicine could offer. Admitting that the rank and file of the profession would be better rewarded in state medicine, there would be little incentive to make the necessary preparation for a distinguished career. Take away individuality and you destroy initiative.

State medicine cannot change human nature, though it may change human relationships. Independence in medical practice is as essential to the happiness and prosperity of doctors as is independence in citizenship. There will always be independent practitioners. In the main they will be the most progressive and competent. State medicine will attract the weaker element of the profession. Those who are able to pay the price will continue to employ the private practitioner. Those who cannot pay will receive the services of the profession as they now do. Doctors are committing professional suicide in their zeal for preventive medicine and much has been accomplished to the financial loss to the profession.

State medicine is in vogue today to an ever-increasing extent, but to make a universal application of it is impractical and impossible. It has proved so in European countries and it will be less applicable to individualistic America. In a word, it is paternalism in its purest form; a word that is repugnant to American democracy.—*Extracts, see 11, p. 224.*

## by Catharine Stoddard

**Brosse Pointe Park, Michigan**

★ *Miss Stoddard says nothing is ever "free" and that state medicine will produce costly graft and waste.*

THE idea of government medicine may appeal to people who like to think of the Federal Government as the Great White Godfather who will miraculously keep on furnishing poor folks with the benefits they are unable to buy. As a matter of fact, nothing is ever "free." If the Government assumes control of medicine, that heir of misery, the taxpayer, will find himself paying his own and his indigent neighbor's medical costs, besides the salaries of a large organization necessary to supervise a national medical service.

Graft and waste are inseparable from government enterprises, therefore socialized medicine would eventually cost the average man and woman more than the present system of private practice. Besides this, they would be restricted in their choice of a physician and subjected to factory methods of treatment. Certain districts are mentioned as being too poor to support a private practitioner. The Federal Government could pay doctors to serve the people in these districts, at an infinitesimal fraction of what it would cost to set up a nation-wide organization.—*Extracts, see 12, p. 224.*

*Con continued on page 221*

## Haines, *Cont'd*

them. It is easy to understand why "prophylaxis" has become the most popular medical term in Russia.

Many of the serious diseases there have been serious only because of the lack of attention to personal and public hygiene. Where the body louse is not tolerantly endured typhus does not spread, where the supplies of drinking water are pure, typhoid fever and cholera do not flourish, but these diseases in the past have taken heavy toll from Russia. The methods which have almost rid the country of these dangers are now being applied to the reducing of tuberculosis, venereal disease, infant mortality, etc. The kissing of sacred images, eating from a common bowl of soup, the giving to young children of food partially chewed in an older person's mouth—to eradicate these sources of infection requires more than a doctor's prescription.

The goal of Soviet medicine—the reason it works not only for the healing but for the prevention of illness—is to create the positive health of the population.

It is this conception of a health service which shall be an active, not a passive, factor in the life of the people that distinguishes the Russian Commissariat of Health from the usual Public Health Department of other countries; its physicians are schooled not as policemen or inspectors, but as social workers and teachers.—*Extracts, see 3, p. 224.*

## From the Majority Report, Committee on the Costs of Medical Care

★ *The majority report of the committee recommends the coordination of all health and medical services to be supported by taxation.*

1. The committee recommends that medical service, both preventive and therapeutic, should be furnished largely by organized groups of physicians, dentists, nurses, pharmacists and other associated personnel. Such groups should be organized, preferably around a hospital, for rendering complete home, office and hospital care. The form of organization should encourage the maintenance of high standards and the development or preservation of a personal relation between patient and physician.

2. The committee recommends the extension of all basic public-health services—whether provided by governmental or non-governmental agencies—so that they will be available to the entire population according to its needs. This extension required primarily increased financial support for official health departments and full-time trained health officers whose tenure is dependent only upon professional and administrative competence.

3. The committee recommends that the costs of medical care be placed on a group payment basis, through the use of insurance, through the use of taxation, or through the use of both these methods. This is not meant to preclude the continuation of medical service provided on an individual fee basis for those who prefer the present method. Cash benefits, i. e., compensation for wage-loss due to illness, if and when provided, should be separate from medical services.

4. The committee recommends that the study, evaluation and coordination of medical service be considered important functions for every state and local community, that agencies be formed to exercise these functions, and that the coordination of rural with urban services receive special care.

5. In the field of professional education the committee makes the following recommendations: (a) That the training of physicians give increasing emphasis to the teaching of health and the prevention of disease; that more effective efforts be made to provide trained health officers; that the social aspects of medical practice receive greater attention; that specialties be restricted to those specially qualified, and that postgraduate educational opportunities be increased; (b) that dental students receive a broader educational background; (c) that pharmaceutical education place more stress on the pharmacist's responsibilities and opportunities for public service; (d) that nursing education be thoroughly remoulded to provide well-educated and well-qualified registered nurses; (e) that less thoroughly trained but competent nursing aids or attendants be provided; (f) that adequate training for nurse-midwives be provided; and (g) that opportunities be offered for the systematic training of hospital and clinic administrators.—*Extracts, see 16, p. 224.*

## by Mary Wilhelmine Williams

**Baltimore, Maryland**

★ *Miss Williams maintains that the establishment of socialized medicine would remove the stigma of pauperism from those receiving free medical service.*

I QUESTION whether the total cost of public medicine would be as great as the present cost of medical care, even though a large fraction of our population now lack adequate health service, since physicians and surgeons who do "charity" work often compensate themselves by gouging the rich.

I see no reason why private medical practice should not exist in the country alongside a comprehensive public-health system, as do private schools and public, each stimulating and challenging the other. But government medical service must be made available to all, and the stigma of pauperism must be removed from it, as has been done in the case of the public schools.

The fact that many physicians are public spirited, and are always moderate in their charges, does not solve the problem. In the country, as a whole, health service is in a scandalous condition, the only remedy for which seems to be government medicine.—*Extracts, see 12, p. 224.*

## by The American Medical Association

1. All features of medical service in any method of medical practice should be under the control of the medical profession. No other body or individual is legally or educationally equipped to exercise such control.

2. No third party must be permitted to come between the patient and his physician in any medical relation. All responsibility for the character of medical service must be borne by the profession.

3. Patients must have absolute freedom to choose a legally qualified doctor of medicine who will serve them from among all those qualified to practice and who are willing to give service.

4. The method of giving the service must retain a permanent, confidential relation between the patient and a "family physician." This relation must be the fundamental and dominating feature of any system.

5. All medical phases of all institutions involved in the medical service should be under professional control, it being understood that hospital service and medical service should be considered separately. These institutions are but expansions of the equipment of the physician. He is the only one whom the laws of all nations recognize as competent to use them in the delivery of service. The medical profession alone can determine the adequacy and character of such institutions. Their value depends on their operation according to medical standards.

6. However the cost of medical service may be distributed, the immediate cost should be borne by the patient able to pay at the time the service is rendered.

7. Medical service must have no connection with any cash benefits.

8. Any form of medical service should include within its scope all qualified physicians of the locality covered by its operation who wish to give service under the conditions established.

9. Systems for the relief of low-income classes should be limited strictly to those below the "comfort level" standard of incomes.

10. There should be no restrictions on treatment or prescribing not formulated and enforced by the organized medical profession.—*Adopted by the House of Delegates, June 12, 1934.*

## by The American Dental Association

1. In all conferences that may lead to the formation of a plan relative to this subject, there must be participation by authorized dental representatives.

2. The plans should provide dental care for indigents and needy children.

3. The plans should give careful consideration to the needs of the people, the obligation to the taxpayer and the interests of the profession.

4. The plans should be flexible so as to be adaptable to local conditions.

5. There must be complete exclusion of proprietary or profit-making agencies.

6. All features of dental service in any method of dental practice shall be under the control of the dental profession, as no other body or individual is educationally equipped to exercise such control.

7. All legally licensed dentists of a locality should be eligible to serve under such regulations as may be adopted.

8. Persons eligible to such service should be free to choose their dentist from the list of those who have agreed to furnish service under the adopted regulations.

9. Freedom of practitioners to accept or reject patients and freedom of all persons, who so prefer, to obtain dental service other than that provided by such plans, must be assured.

10. An adequate program should be provided for public education on the need of and the opportunities for dental care.—*Adopted unanimously by the House of Delegates, August 9, 1934.*

"You are all familiar with the Oriental fable, where the Cholera on his way to Bagdad informs a dervish in the desert of his intention of killing 10,000 people with his plague; and on returning from his mission is met by the same dervish who accuses him of a much higher death rate. The Cholera replied that he had kept himself well within his bounds—the excess was due to fear.

"May not a doubt arise that sometimes our health authorities in their efforts to warn, really alarm; wishing to awaken, they really affright; desiring to preserve peace, they really disturb it."—*Dr. Charles McIntire, Easton, Pennsylvania.*

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"With all the wonderful strides of our science in one hundred years, we still have the public as abjectly cowed today, before the omnipotent hosts of bacteria, as it was by the evil spirits and ghosts and witches of a past century."—*Dr. Park L. Myers, Toledo, Ohio.*

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"Disease is an ally of ignorance, dirt and disorder, and it everywhere tends to disappear on the improvement of knowledge and of social conditions. Standards of personal, domestic and municipal living are ever advancing and sweeping away the opportunities that formerly existed for the spread of infection.

"Sanitary works possess a number of advantages as compared with other measures for the prevention of disease. First, they have a wholesale application. A water supply that is made pure is wholesome for every person who has occasion to drink it. Although there is a considerable investment of capital in these enterprises, the maintenance charges are not excessive and the results are satisfactory. Yielding to works of sanitation are not only typhoid, dysentery and other diarrheal diseases, but some other forms of sickness that cannot conceivably be conveyed by drinking water. Simple cleanliness is one of the most healthful as well as one of the most educative measures known."—*George A. Soper, Ph.D., Major, Sanitary Corps, U. S. Army, New York.*

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**Compiled by Donald R. Sickler**
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## Provisions of New Act Affecting Children's Bureau

*Continued from page 202*

(b) The method of computing and paying such amounts shall be as follows:

(1) The Secretary of Labor shall, prior to the beginning of each quarter, estimate the amount to be paid to the State for such quarter under the provisions of subsection (a), such estimate to be based on (A) a report filed by the State containing its estimate of the total sum to be expended in such quarter in accordance with the provisions of such subsection and stating the amount appropriated or made available by the State and its political subdivisions for such expenditures in such quarter, and if such amount is less than one-half of the total sum of such estimated expenditures, the source or sources from which the difference is expected to be derived, and (B) such investigation as he may find necessary.

(2) The Secretary of Labor shall then certify the amount so estimated by him to the Secretary of the Treasury, reduced or increased, as the case may be, by any sum by which the Secretary of Labor finds that his estimate for any prior quarter was greater or less than the amount which should have been paid to the State for such quarter, except to the extent that such sum has been applied to make the amount certified for any prior quarter greater or less than the amount estimated by the Secretary of Labor for such prior quarter.

(3) The Secretary of the Treasury shall thereupon, through the Division of Disbursement of the Treasury Department and prior to audit or settlement by the General Accounting Office, pay to the State, at the time or times fixed by the Secretary of Labor, the amount so certified.

### *Operation of State Plans*

SEC. 515. In the case of any State plan for services for crippled children which has been approved by the Chief of the Children's Bureau, if the Secretary of Labor, after reasonable notice and opportunity for hearing to the State agency administering or supervising the administration of such plan, finds that in the administration of the plan there is a failure to comply substantially with any provision required by section 513 to be included in the plan, he shall notify such State agency that further payments will not be made to the State until he is satisfied that there is no longer any such failure to comply. Until he is so satisfied he shall make no further certification to the Secretary of the Treasury with respect to such State.

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